

|                                 |   |                               |                                    |
|---------------------------------|---|-------------------------------|------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>FRCS-125722241</i>                                     | <i>State:</i>                 | <i>Arkansas</i>                    |
| <i>Filing Company:</i>          | <i>American Alternative Insurance Corp</i>                | <i>State Tracking Number:</i> | <i>EFT \$50</i>                    |
| <i>Company Tracking Number:</i> | <i>4940</i>   |                               |                                    |
| <i>TOI:</i>                     | <i>09.0 Inland Marine</i>                                 | <i>Sub-TOI:</i>               | <i>09.0004 Pet Insurance Plans</i> |
| <i>Product Name:</i>            | <i>Pet Health Policies, Supplemental Forms and Rating</i> |                               |                                    |
| <i>Project Name/Number:</i>     | <i>AAIC/61/61</i>   |                               |                                    |

## Filing at a Glance

Company: American Alternative Insurance Corp

Product Name: Pet Health Policies, Supplemental Forms and Rating SERFF Tr Num: FRCS-125722241 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0004 Pet Insurance Plans

Co Tr Num: 4940

State Status: Fees verified and received

Filing Type: Form

Co Status: None

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: Johnna Kemp

Disposition Date: 12/03/2008

Date Submitted: 07/03/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: AAIC/61

Status of Filing in Domicile: Pending

Project Number: 61

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 12/03/2008

State Status Changed: 07/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing is being submitted by First Consulting and Administration, Inc. on behalf of American Alternative Insurance Corporation (AAIC).

A signed Third Party Authorization letter is attached.

The requested effective date is 7/01/08. However, AAIC prefers an earlier effective date coincident with the date of your

|                                 |   |                               |                                    |
|---------------------------------|---|-------------------------------|------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>FRCS-125722241</i>                                     | <i>State:</i>                 | <i>Arkansas</i>                    |
| <i>Filing Company:</i>          | <i>American Alternative Insurance Corp</i>                | <i>State Tracking Number:</i> | <i>EFT \$50</i>                    |
| <i>Company Tracking Number:</i> | <i>4940</i>   |                               |                                    |
| <i>TOI:</i>                     | <i>09.0 Inland Marine</i>                                 | <i>Sub-TOI:</i>               | <i>09.0004 Pet Insurance Plans</i> |
| <i>Product Name:</i>            | <i>Pet Health Policies, Supplemental Forms and Rating</i> |                               |                                    |
| <i>Project Name/Number:</i>     | <i>AAIC/61/61</i>   |                               |                                    |

approval, if approval occurs prior to 7/1/08.

The filing is being submitted in accordance with the filing laws and regulations of your jurisdiction.

With this filing, AAIC is introducing a pet insurance product. This product provides coverage that reimburses the pet owner for expenses incurred and arising from covered incidents and services. The various Plans are described below:  
CORE PLANS

1. Basic Plan - During a policy year, this plan covers (1) accidental injury or illness of the pet; (2) boarding kennel fees; and (3) advertising and reward expenses.

2. Preferred Plan - During a policy year, this plan covers (1) accidental injury or illness of the pet; (2) boarding kennel fees; (3) advertising and reward expenses; (4) loss by theft or straying; and (5) trip cancellation.

3. Preferred Plus Plan - During a policy year, this plan covers (1) accidental injury or illness of the pet; (2) boarding kennel fees; (3) advertising and reward expenses; (4) loss by theft or straying; (5) trip cancellation; and (6) burial or cremation expenses.

#### LIMITED PLANS

1. EmergencyFirst Plan - During a policy year, the basic limits of liability are for all claims arising from life-threatening accidental injury while the pet is reported lost and injured.

2. Adoption Plan -During a policy year, the basic limits of liability are for claims arising from accidental injury or illness of a pet adopted from a humane organization.

3. WarrantyFirst Plan -During a policy period of 30 days, the basic limits of liability are for claims arising from accidental injury or illness of a pet that is purchased from a pet specialty retailer.

4. MyFirst Plan -During a policy year, the basic limits of liability are for claims arising from accidental injury or illness of a pet adopted from a humane organization or pet specialty retailer.

|                          |  |                        |                             |
|--------------------------|--|------------------------|-----------------------------|
| SERFF Tracking Number:   | FRCS-125722241                                     | State:                 | Arkansas                    |
| Filing Company:          | American Alternative Insurance Corp                | State Tracking Number: | EFT \$50                    |
| Company Tracking Number: | 4940   |                        |                             |
| TOI:                     | 09.0 Inland Marine                                 | Sub-TOI:               | 09.0004 Pet Insurance Plans |
| Product Name:            | Pet Health Policies, Supplemental Forms and Rating |                        |                             |
| Project Name/Number:     | AAIC/61/61   |                        |                             |

5. FirstCoverage Plan - During a policy year, the basic limits of liability are for claims arising from accidental injury or illness of a pet.

6. TravelFirst Plan - During a policy year, the basic limits of liability are for claims arising from an accident arising from a pet being injured as a result of riding in a car during an auto collision.

7. AccidentFirst Plan - During a policy year, the basic limits of liability are for claims from an accidental injury of a pet.

8. SeniorsFirst Plan - During a policy year, the basic limits of liability are for claims arising from accidental injury or illness of a pet older than 10 years of age and the insured is a first-time policyholder.

9. Paws Plan Policy - During a policy year the basic limits of liability are for claims arising from accidental injury or illness of a pet.

#### Coverage Options

Insureds may elect to purchase additional coverage for:

- Routine veterinary and related expenses
- Breeders' veterinary care and related expenses
- Prescription Food coverage
- Hereditary/Chronic coverage

In addition, there are two waivers that can be added by AAIC:

- Pet Resort amends the 14 day wait on illness for boarded pets.
- Illness Wait waiver to any policy with a 14-day waiting period on Illness.

Thank you. Please advise if you have any additional questions or require additional information.

|                          |  |                        |                             |
|--------------------------|--|------------------------|-----------------------------|
| SERFF Tracking Number:   | FRCS-125722241                                     | State:                 | Arkansas                    |
| Filing Company:          | American Alternative Insurance Corp                | State Tracking Number: | EFT \$50                    |
| Company Tracking Number: | 4940   |                        |                             |
| TOI:                     | 09.0 Inland Marine                                 | Sub-TOI:               | 09.0004 Pet Insurance Plans |
| Product Name:            | Pet Health Policies, Supplemental Forms and Rating |                        |                             |
| Project Name/Number:     | AAIC/61/61   |                        |                             |

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - FC01)

Diane Lindsey, CPCU, Senior Compliance Analyst  
diane.lindsey@firstconsulting.com

1020 Central  
Kansas City, MO 64105-1670  
(800) 927-2730 [Phone]  
(816) 391-2755[FAX]

### Filing Company Information

|                                     |                                      |                                   |
|-------------------------------------|--------------------------------------|-----------------------------------|
| American Alternative Insurance Corp | CoCode: 19720                        | State of Domicile: Delaware       |
| P.O. Box 5241                       | Group Code: 361                      | Company Type: Property & Casualty |
| Princeton, NJ 08543-5241            | Group Name: Munich Reinsurance Group | State ID Number:                  |
| (609) 243-4200 ext. [Phone]         | FEIN Number: 52-2048110              |                                   |

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## Filing Fees

|                  |                     |
|------------------|---------------------|
| Fee Required?    | Yes                 |
| Fee Amount:      | \$50.00             |
| Retaliatory?     | No                  |
| Fee Explanation: | \$50.00 per filing. |
| Per Company:     | No                  |

| COMPANY                             | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|---------|----------------|---------------|
| American Alternative Insurance Corp | \$50.00 | 07/03/2008     | 21247601      |

|                          |  |                        |                             |
|--------------------------|--|------------------------|-----------------------------|
| SERFF Tracking Number:   | FRCS-125722241                                     | State:                 | Arkansas                    |
| Filing Company:          | American Alternative Insurance Corp                | State Tracking Number: | EFT \$50                    |
| Company Tracking Number: | 4940   |                        |                             |
| TOI:                     | 09.0 Inland Marine                                 | Sub-TOI:               | 09.0004 Pet Insurance Plans |
| Product Name:            | Pet Health Policies, Supplemental Forms and Rating |                        |                             |
| Project Name/Number:     | AAIC/61/61   |                        |                             |

## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Becky Harrington | 12/03/2008 | 12/03/2008     |

### Objection Letters and Response Letters

| Objection Letters         |                  |            |                | Response Letters |            |                |
|---------------------------|------------------|------------|----------------|------------------|------------|----------------|
| Status                    | Created By       | Created On | Date Submitted | Responded By     | Created On | Date Submitted |
| Pending Industry Response | Becky Harrington | 07/07/2008 | 07/07/2008     | Angie Chapman    | 12/02/2008 | 12/02/2008     |

|                                 |   |                               |                                    |
|---------------------------------|---|-------------------------------|------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>FRCS-125722241</i>                                     | <i>State:</i>                 | <i>Arkansas</i>                    |
| <i>Filing Company:</i>          | <i>American Alternative Insurance Corp</i>                | <i>State Tracking Number:</i> | <i>EFT \$50</i>                    |
| <i>Company Tracking Number:</i> | <i>4940</i>   |                               |                                    |
| <i>TOI:</i>                     | <i>09.0 Inland Marine</i>                                 | <i>Sub-TOI:</i>               | <i>09.0004 Pet Insurance Plans</i> |
| <i>Product Name:</i>            | <i>Pet Health Policies, Supplemental Forms and Rating</i> |                               |                                    |
| <i>Project Name/Number:</i>     | <i>AAIC/61/61</i>   |                               |                                    |

## Disposition

Disposition Date: 12/03/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125722241 State: Arkansas  
Filing Company: American Alternative Insurance Corp State Tracking Number: EFT \$50  
Company Tracking Number: 4940  
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans  
Product Name: Pet Health Policies, Supplemental Forms and Rating  
Project Name/Number: AAIC/61/61

| Item Type           | Item Name  | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty         | Approved    | Yes           |
| Supporting Document | Authorization  | Approved    | Yes           |
| Supporting Document | Warrenty First Plan Policy                               | Approved    | Yes           |
| Supporting Document | Amendatory Endorsements                                  | Approved    | Yes           |
| Form                | Declarations Page  | Approved    | Yes           |
| Form (revised)      | Basic Plan Policy  | Approved    | Yes           |
| Form                | Basic Plan Policy  |             | Yes           |
| Form                | Preferred Plan Policy                                    | Approved    | Yes           |
| Form                | Preferred Plus Plan Policy                               | Approved    | Yes           |
| Form                | AccidentFirst Plan Policy                                | Approved    | Yes           |
| Form                | Adoption Plan Policy                                     | Approved    | Yes           |
| Form                | EmergencyFirst Plan Policy                               | Approved    | Yes           |
| Form                | FirstCoverage Plan Policy                                | Approved    | Yes           |
| Form                | MyFirst Plan Policy                                      | Approved    | Yes           |
| Form                | Paws Plan Policy   | Approved    | Yes           |
| Form                | Seniors Plan Policy                                      | Approved    | Yes           |
| Form (revised)      | TravelFirst (Auto Collision) Plan Policy                 | Approved    | Yes           |
| Form                | TravelFirst (Auto Collision) Plan Policy                 |             | Yes           |
| Form (revised)      | WarrantyFirst Plan Policy                                | Approved    | Yes           |
| Form                | WarrantyFirst Plan Policy                                |             | Yes           |
| Form                | Breeder's Coverage Amendatory Endorsement                | Approved    | Yes           |
| Form (revised)      | Hereditary/Chronic/Congenital 25% Amendatory Endorsement | Approved    | Yes           |
| Form                | Hereditary/Chronic/Congenital 25% Amendatory Endorsement |             | Yes           |
| Form                | Hereditary/Chronic/Cogenital 100% Amendatory Endorsement | Approved    | Yes           |
| Form                | Illness Waiting Period Coverage Amendatory Endorsement   | Approved    | Yes           |
| Form                | Pet Resort Amendatory Endorsement                        | Approved    | Yes           |
| Form                | Prescription Food Amendatory                             | Approved    | Yes           |

|                          |  |                        |                             |
|--------------------------|--|------------------------|-----------------------------|
| SERFF Tracking Number:   | FRCS-125722241                                     | State:                 | Arkansas                    |
| Filing Company:          | American Alternative Insurance Corp                | State Tracking Number: | EFT \$50                    |
| Company Tracking Number: | 4940   |                        |                             |
| TOI:                     | 09.0 Inland Marine                                 | Sub-TOI:               | 09.0004 Pet Insurance Plans |
| Product Name:            | Pet Health Policies, Supplemental Forms and Rating |                        |                             |
| Project Name/Number:     | AAIC/61/61   |                        |                             |

#### Endorsement

|                       |  |          |     |
|-----------------------|--|----------|-----|
| <b>Form (revised)</b> | Routine 100 Coverage Amendatory Endorsement      | Approved | Yes |
| <b>Form</b>           | Routine 100 Coverage Amendatory Endorsement      |          | Yes |
| <b>Form (revised)</b> | Routine 220 Care Coverage Amendatory Endorsement | Approved | Yes |
| <b>Form</b>           | Routine 220 Care Coverage Amendatory Endorsement |          | Yes |
| <b>Form</b>           | Signature Endorsement                            | Approved | Yes |
| <b>Form (revised)</b> | AR Cancellation Nonrenewal                       | Approved | Yes |
| <b>Form</b>           | AR Cancellation Nonrenewal                       |          | Yes |
| <b>Form</b>           | AR - S tate Amendatory Endorsement               | Approved | Yes |



SERFF Tracking Number: FRCS-125722241 State: Arkansas  
Filing Company: American Alternative Insurance Corp State Tracking Number: EFT \$50  
Company Tracking Number: 4940  
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans  
Product Name: Pet Health Policies, Supplemental Forms and Rating  
Project Name/Number: AAIC/61/61

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/07/2008

Submitted Date 07/07/2008

Respond By Date

Dear Diane Lindsey, CPCU,

This will acknowledge receipt of the captioned filing.

### Objection 1

- AR Cancellation Nonrenewal (Form)

Comment: Please see Arkansas Code Annotated 23-66-206(9)(A) for acceptable reasons for cancellation.

### Objection 2

- Basic Plan Policy (Form)

Comment: Our pet is shown in quotation marks in the definition of covered service, however, a definition was not found. Please explain or correct.

### Objection 3

- Basic Plan Policy (Form)

Comment: There are grammatical errors in the Electronic Delivery language. Please correct remove "the" from at the "our" option and immediately notify the "us".

### Objection 4

No Objections

Comment: Explain how an insured will know to ask for a mailed copy of the policy prior to receiving an electronic version containing the Electronic Delivery language.

### Objection 5

- Adoption Plan Policy (Form)

- MyFirst Plan Policy (Form)

- WarrantyFirst Plan Policy (Form)

Comment: Please explain the statement "The adopter must have a valid policy number issued to the pet's owner or no coverage is applicable or available".

### Objection 6

- TravelFirst (Auto Collision) Plan Policy (Form)

SERFF Tracking Number: FRCS-125722241 State: Arkansas  
Filing Company: American Alternative Insurance Corp State Tracking Number: EFT \$50  
Company Tracking Number: 4940  
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans  
Product Name: Pet Health Policies, Supplemental Forms and Rating  
Project Name/Number: AAIC/61/61

Comment: Electronic Delivery is not shown in bold type consistent with other headings.

#### Objection 7

- Hereditary/Chronic/Congenital 25% Amendatory Endorsement (Form)
- Hereditary/Chronic/Congenital 100% Amendatory Endorsement (Form)

Comment: Please amend the language below in a manner that is easier to follow for your insureds.

In addition, during each "policy period", "we" will pay 25% maximum of the Plan's "covered incident limit" as applied to the amount remaining subsequent to payment of the applicable deductible for "Genetically Transmitted Diseases" and chronic conditions.

#### Objection 8

- Routine 100 Coverage Amendatory Endorsement (Form)
- Routine 220 Care Coverage Amendatory Endorsement (Form)

Comment: Please amend the language below in a manner that is easier for an insured to understand.

During each policy period, we will pay 90% of reasonable and customary expenses per a covered accident or illness expense claim, as applied to the amount remaining subsequent to payment of the applicable deductible. We will also pay up to the annual benefit allowance for the routine veterinary services and routine prescription medications listed in the attached Routine Care Benefit Allowance.

Arkansas is prior approval for forms. Your requested effective date of 7/1/08 is not acceptable. The filing was not received in our office until 7/3/2008 and requires amendments.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

## Response Letter

|                        |                    |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date   | 12/02/2008         |
| Submitted Date         | 12/02/2008         |

Dear Becky Harrington,

SERFF Tracking Number: FRCS-125722241 State: Arkansas  
Filing Company: American Alternative Insurance Corp State Tracking Number: EFT \$50  
Company Tracking Number: 4940  
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans  
Product Name: Pet Health Policies, Supplemental Forms and Rating  
Project Name/Number: AAIC/61/61

**Comments:**

**Response 1**

Comments: Becky,

Following is the company's response to your objection of 7/7/08:

Objection 1. We have amended the Arkansas Cancellation and Nonrenewal Endorsement per Arkansas Code Annotated 23-66206 (9) (A). Please find the revised version attached.

Objection 2. The typographical errors have been corrected in the Basic Plan Policy, PH 2001 (1-08). Please find a corrected version attached.

Objection 3. The grammatical/typographical errors in the Electronic Delivery Language of Basic Plan Policy, PH 2001, (1-08) have been corrected. Please see the corrected version of this form attached.

Objection 4. The prospective insured who is enrolling via the 800 telephone number will be asked for an e-mail address for electronic delivery. If the prospective insured does not have an e-mail address, the call-center representative will advise that the policy will be mailed to the prospective insured.

Objection 5. We have removed the unclear statement, "The adopter must have a valid policy number issued to the pet's owner or no coverage is applicable or available" from the WarrantyFirst Plan Policy, PH 2012 (1-08). Please see the tracked changes and final amended versions attached bearing an 11-08 edition date.

We are retaining the similar statement contained in the Adoption Plan Policy, PH 2005 (1-08), and the MyFirst Plan Policy, PH 20089 (1-08), since this statement is needed within the forms for these programs. These programs are specifically designed for Humane Societies and Breeders, respectively. Given the customized nature of the program, it is important that the policies are sold only to those eligible. For example, AdoptionFirst is designed to protect adopters for the first 30 days of pet ownership. In addition to the adopter benefit, the humane entity benefits because it reduces the amount of health-related pet returns. We hope that by introducing these adopters to pet insurance, the adopter eventually will upgrade to a 12-month policy.

Unfortunately, since some individuals may take advantage of the Humane program by insisting that they adopted from one of AAIC's program administrator's humane partners and therefore our policy should pay for their vet bills, we require proof of adoption and proof of a valid policy number.

Objection 6. We have bolded the "Electronic Delivery" heading within the TravelFirst (Auto Collision) Plan Policy, PH 2011 (1-08); please see the corrected version attached.

SERFF Tracking Number: FRCS-125722241 State: Arkansas  
Filing Company: American Alternative Insurance Corp State Tracking Number: EFT \$50  
Company Tracking Number: 4940  
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans  
Product Name: Pet Health Policies, Supplemental Forms and Rating  
Project Name/Number: AAIC/61/61

Objection 7. We have amended the language in Hereditary/Chronic/Congenital 25% Amendatory Endorsement, PH 2017, and in the Hereditary/Chronic/Congenital 100% Amendatory Endorsement, PH 2018, to provide clarification per your request. In addition, we have taken this opportunity to make purely editorial corrections; please see tracked changes and final versions of these endorsements attached. The edition dates for these two endorsements have been changed to reflect an 11-08 edition.

Objection 8. We also have amended the language in the Routine 100 Coverage Amendatory Endorsement, PH 2022, and in the Routine 220 Care Coverage Amendatory Endorsement, PH 2023, to clarify language in the sections that you identified. In addition, we have taken this opportunity to make purely editorial corrections; please see tracked changes and final versions of these endorsements attached. The edition dates for these two endorsements also have been changed to reflect an 11-08 edition date.

We are placing the final revised forms on the forms schedule and the forms in which only editorial changes were made in supporting documentation.

We trust that we have addressed your objections, and we thank you very much for your flexibility in keeping this filing open for the extended length of time.

Sincerely,

Diane Lindsey, CPCU  
Telephone: 1-800-927-2730.

#### **Related Objection 1**

Applies To:

- AR Cancellation Nonrenewal (Form)

Comment:

Please see Arkansas Code Annotated 23-66-206(9)(A) for acceptable reasons for cancellation.

#### **Related Objection 2**

Applies To:

- Basic Plan Policy (Form)

Comment:

Our pet is shown in quotation marks in the definition of covered service, however, a definition was not found.  
Please explain or correct.

#### **Related Objection 3**

SERFF Tracking Number: FRCS-125722241 State: Arkansas  
Filing Company: American Alternative Insurance Corp State Tracking Number: EFT \$50  
Company Tracking Number: 4940  
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans  
Product Name: Pet Health Policies, Supplemental Forms and Rating  
Project Name/Number: AAIC/61/61

Applies To:

- Basic Plan Policy (Form)

Comment:

There are grammatical errors in the Electronic Delivery language. Please correct remove "the" from at the "our" option and immediately notify the "us".

#### Related Objection 4

Comment:

Explain how an insured will know to ask for a mailed copy of the policy prior to receiving an electronic version containing the Electronic Delivery language.

#### Related Objection 5

Applies To:

- Adoption Plan Policy (Form)
- MyFirst Plan Policy (Form)
- WarrantyFirst Plan Policy (Form)

Comment:

Please explain the statement "The adopter must have a valid policy number issued to the pet's owner or no coverage is applicable or available".

#### Related Objection 6

Applies To:

- TravelFirst (Auto Collision) Plan Policy (Form)

Comment:

Electronic Delivery is not shown in bold type consistent with other headings.

#### Related Objection 7

Applies To:

- Hereditary/Chronic/Congenital 25% Amendatory Endorsement (Form)
- Hereditary/Chronic/Congenital 100% Amendatory Endorsement (Form)

Comment:

Please amend the language below in a manner that is easier to follow for your insureds.

In addition, during each "policy period", "we" will pay 25% maximum of the Plan's "covered incident limit" as applied to the amount remaining subsequent to payment of the applicable deductible for "Genetically Transmitted Diseases" and chronic conditions.

#### Related Objection 8

SERFF Tracking Number: FRCS-125722241 State: Arkansas  
 Filing Company: American Alternative Insurance Corp State Tracking Number: EFT \$50  
 Company Tracking Number: 4940  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans  
 Product Name: Pet Health Policies, Supplemental Forms and Rating  
 Project Name/Number: AAIC/61/61

**Applies To:**

- Routine 100 Coverage Amendatory Endorsement (Form)
- Routine 220 Care Coverage Amendatory Endorsement (Form)

**Comment:**

Please amend the language below in a manner that is easier for an insured to understand.

During each policy period, we will pay 90% of reasonable and customary expenses per a covered accident or illness expense claim, as applied to the amount remaining subsequent to payment of the applicable deductible. We will also pay up to the annual benefit allowance for the routine veterinary services and routine prescription medications listed in the attached Routine Care Benefit Allowance.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Warrenty First Plan Policy

Comment:

Satisfied -Name: Amendatory Endorsements

Comment:

**Form Schedule Item Changes**

| Form Name         | Form Number     | Edition Date | Form Type            | Action | Action Specific Data | Readability Score | Attach Document                                       |
|-------------------|-----------------|--------------|----------------------|--------|----------------------|-------------------|---|
| Basic Plan Policy | PH 2001 (01-08) | (1-08)       | Policy/Coverage Form | New    |                      | 0                 | AR - PH 2001_01-08_Basic Policy - 4-16_DL042 208_.pdf |

**Previous Version**

|                   |         |        |                      |     |  |   |                                    |
|-------------------|---------|--------|----------------------|-----|--|---|------------------------------------|
| Basic Plan Policy | PH 2001 | (1-08) | Policy/Coverage Form | New |  | 0 | Basic Policy - 4-16_DL042 208_.pdf |
| TravelFirst (Auto | PH 2011 | (1-08) | Policy/Coverage Form | New |  | 0 | AR - PH                            |

|                          |  |                        |                             |
|--------------------------|--|------------------------|-----------------------------|
| SERFF Tracking Number:   | FRCS-125722241                                     | State:                 | Arkansas                    |
| Filing Company:          | American Alternative Insurance Corp                | State Tracking Number: | EFT \$50                    |
| Company Tracking Number: | 4940   |                        |                             |
| TOI:                     | 09.0 Inland Marine                                 | Sub-TOI:               | 09.0004 Pet Insurance Plans |
| Product Name:            | Pet Health Policies, Supplemental Forms and Rating |                        |                             |
| Project Name/Number:     | AAIC/61/61   |                        |                             |
| Collision) Plan Policy   | (1-08)   |                        |                             |

2011\_01-08\_  
TravelFirst  
Auto 4-16\_DL042  
108\_.pdf

**Previous Version**

|  |                 |                      |     |   |   |
|--|-----------------|----------------------|-----|---|---|
| TravelFirst (Auto Collision) Plan Policy | PH 2011 (1-08)  | Policy/Coverage Form | New | 0 | TravelFirst<br>Auto 4-16_DL042<br>108_.pdf            |
| WarrantyFirst Plan Policy                | PH 2012 (11-08) | Policy/Coverage Form | New | 0 | AR - PH<br>2012_11-08_<br>WARRAN<br>TYFIRSTT<br>C.pdf |

**Previous Version**

|   |                 |                                  |     |   |   |
|---|-----------------|----------------------------------|-----|---|---|
| WarrantyFirst Plan Policy                                 | PH 2012 (1-08)  | Policy/Coverage Form             | New | 0 | WARRAN<br>TYFIRST<br>DXL REV<br>061208.pdf                |
| Hereditary/Chronic/Con genital 25% Amendatory Endorsement | PH 2017 (11-08) | Endorsement/Amendment/Conditions | New | 0 | AR - PH<br>2017_11-08_ Rider<br>25%<br>HeredityT<br>C.pdf |

**Previous Version**

|   |                |                                  |     |   |  |
|---|----------------|----------------------------------|-----|---|--|
| Hereditary/Chronic/Con genital 25% Amendatory Endorsement | PH 2017 (1-08) | Endorsement/Amendment/Conditions | New | 0 | Rider 25<br>Heredity<br>4-16_DL041<br>708_.pdf |
|---|----------------|----------------------------------|-----|---|--|

SERFF Tracking Number: FRCS-125722241 State: Arkansas  
 Filing Company: American Alternative Insurance Corp State Tracking Number: EFT \$50  
 Company Tracking Number: 4940  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans  
 Product Name: Pet Health Policies, Supplemental Forms and Rating  
 Project Name/Number: AAIC/61/61

|                      |         |       |                          |   |           |
|----------------------|---------|-------|--------------------------|---|-----------|
| Routine 100 Coverage | PH 2022 | 11-08 | Endorsement/AmendmentNew | 0 | AR - PH   |
| Amendatory           | (11-08) |       | /Conditions              |   | 2022_11-  |
| Endorsement          |         |       |                          |   | 08_ Rider |
|                      |         |       |                          |   | Routine   |
|                      |         |       |                          |   | 100Caretc |
|                      |         |       |                          |   | .pdf      |

**Previous Version**

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|----------------------|---------|--------|--------------------------|---|-----------|
| Routine 100 Coverage | PH 2022 | (1-08) | Endorsement/AmendmentNew | 0 | Rider     |
| Amendatory           |         |        | /Conditions              |   | Routine   |
| Endorsement          |         |        |                          |   | 100Care   |
|                      |         |        |                          |   | Final     |
|                      |         |        |                          |   | _0417080. |
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|                     |         |       |                          |   |           |
|---------------------|---------|-------|--------------------------|---|-----------|
| Routine 220 Care    | PH 2023 | 11-08 | Endorsement/AmendmentNew | 0 | AR - PH   |
| Coverage Amendatory | (11-08) |       | /Conditions              |   | 2023_11-  |
| Endorsement         |         |       |                          |   | 08_ Rider |
|                     |         |       |                          |   | Routine   |
|                     |         |       |                          |   | 220Caretc |
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**Previous Version**

|                     |         |        |                          |   |          |
|---------------------|---------|--------|--------------------------|---|----------|
| Routine 220 Care    | PH 2023 | (1-08) | Endorsement/AmendmentNew | 0 | Rider    |
| Coverage Amendatory |         |        | /Conditions              |   | Routine  |
| Endorsement         |         |        |                          |   | 220Care  |
|                     |         |        |                          |   | 4-16     |
|                     |         |        |                          |   | _DL04170 |
|                     |         |        |                          |   | 8_.pdf   |

|                 |           |        |                    |     |            |
|-----------------|-----------|--------|--------------------|-----|------------|
| AR Cancellation | PH 2090-  | (1-08) | Canc/NonRen Notice | New | AR -       |
| Nonrenewal      | AR (1-08) |        |                    |     | Cancellati |
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| <i>SERFF Tracking Number:</i>   | <i>FRCS-125722241</i>                                     | <i>State:</i>                 | <i>Arkansas</i>                    |
| <i>Filing Company:</i>          | <i>American Alternative Insurance Corp</i>                | <i>State Tracking Number:</i> | <i>EFT \$50</i>                    |
| <i>Company Tracking Number:</i> | <i>4940</i>   |                               |                                    |
| <i>TOI:</i>                     | <i>09.0 Inland Marine</i>                                 | <i>Sub-TOI:</i>               | <i>09.0004 Pet Insurance Plans</i> |
| <i>Product Name:</i>            | <i>Pet Health Policies, Supplemental Forms and Rating</i> |                               |                                    |
| <i>Project Name/Number:</i>     | <i>AAIC/61/61</i>   |                               |                                    |

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**Previous Version**

|                        |                       |                           |            |
|------------------------|-----------------------|---------------------------|------------|
| <i>AR Cancellation</i> | <i>PH 2090 (1-08)</i> | <i>Canc/NonRen Notice</i> | <i>New</i> |
| <i>Nonrenewal</i>      | <i>AR</i>             |                           |            |

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*SERFF Tracking Number:*      *FRCS-125722241*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Alternative Insurance Corp*              *State Tracking Number:*              *EFT \$50*  
*Company Tracking Number:*      *4940*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0004 Pet Insurance Plans*  
*Product Name:*                      *Pet Health Policies, Supplemental Forms and Rating*  
*Project Name/Number:*              *AAIC/61/61*

No Rate/Rule Schedule items changed.

Sincerely,  
Johnna Kemp

SERFF Tracking Number: FRCS-125722241 State: Arkansas

Filing Company: American Alternative Insurance Corp State Tracking Number: EFT \$50

Company Tracking Number: 4940

TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans

Product Name: Pet Health Policies, Supplemental Forms and Rating

Project Name/Number: AAIC/61/61

## Form Schedule

| Review Status | Form Name                  | Form #          | Edition Date | Form Type Action           | Action Specific Data | Readability | Attachment  |
|---------------|----------------------------|-----------------|--------------|----------------------------|----------------------|-------------|---|
| Approved      | Declarations Page          | PH 2000         | (1-08)       | Declaration New s/Schedule |                      | 0.00        | Declarations Revised 040808 (2)4-11(DL041708).pdf     |
| Approved      | Basic Plan Policy          | PH 2001 (01-08) | (1-08)       | Policy/CoveNew rage Form   |                      | 0.00        | AR - PH 2001 _01-08_Basic Policy - 4-16_DL042208_.pdf |
| Approved      | Preferred Plan Policy      | PH 2002         | (1-08)       | Policy/CoveNew rage Form   |                      | 0.00        | Preferred 4-16_DL042108_.pdf                          |
| Approved      | Preferred Plus Plan Policy | PH 2003         | (1-08)       | Policy/CoveNew rage Form   |                      | 0.00        | Preferred Plus 4-16_DL042108_.pdf                     |
| Approved      | AccidentFirst Plan Policy  | PH 2004         | (1-08)       | Policy/CoveNew rage Form   |                      | 0.00        | AccidentFirst 4-16 _DL042108_.pdf                     |
| Approved      | Adoption Plan Policy       | PH 2005         | (1-08)       | Policy/CoveNew rage Form   |                      | 0.00        | Adopt 4-16 _DL042108_.pdf                             |
| Approved      | EmergencyFirst Plan Policy | PH 2006         | (1-08)       | Policy/CoveNew rage Form   |                      | 0.00        | Emergency4 - 16_DL042108_.pdf                         |
| Approved      | FirstCoverage Plan Policy  | PH 2007         | (1-08)       | Policy/CoveNew rage Form   |                      | 0.00        | FirstCoverag e 4-16_DL04210                           |

SERFF Tracking Number: FRCS-125722241 State: Arkansas  
Filing Company: American Alternative Insurance Corp State Tracking Number: EFT \$50  
Company Tracking Number: 4940  
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans  
Product Name: Pet Health Policies, Supplemental Forms and Rating  
Project Name/Number: AAIC/61/61

|          |   |                 |         |                                       |      |                      |                                    |
|----------|---|-----------------|---------|---------------------------------------|------|----------------------|------------------------------------|
|          |   |                 |         |                                       |      |                      | 8_.pdf                             |
| Approved | MyFirst Plan Policy                                       | PH 2008         | (1-08)  | Policy/Coverage New Form              | 0.00 | MyFirst 4-16         | _DL042108_.pdf                     |
| Approved | Paws Plan Policy  | PH 2009         | (1-08)  | Policy/Coverage New Form              | 0.00 | Paws 4-16            | _DL042108_.pdf                     |
| Approved | Seniors Plan Policy                                       | PH 2010         | (1-08)  | Policy/Coverage New Form              | 0.00 | Senior Plan - 4-     | 16_DL042108_.pdf                   |
| Approved | TravelFirst (Auto Collision) Plan Policy                  | PH 2011 (1-08)  | (1-08)  | Policy/Coverage New Form              | 0.00 | AR - PH 2011 _01-08  | TravelFirstAuto 4-16_DL042108_.pdf |
| Approved | WarrantyFirst Plan Policy                                 | PH 2012 (11-08) | (11-08) | Policy/Coverage New Form              | 0.00 | AR - PH 2012 _11-08  | WARRANTY FIRSTTC.pdf               |
| Approved | Breeder's Coverage Amendatory Endorsement                 | PH 2016         | (1-08)  | Endorsement New /Amendment/Conditions | 0.00 | Rider Breeders       | _DL041708_.pdf                     |
| Approved | Hereditary/Chronic/Congenital 25% Amendatory Endorsement  | PH 2017 (11-08) | 11-08   | Endorsement New /Amendment/Conditions | 0.00 | AR - PH 2017 _11-08  | Rider 25% HeredityTC.pdf           |
| Approved | Hereditary/Chronic/Congenital 100% Amendatory Endorsement | PH 2018         | (1-08)  | Endorsement New /Amendment/Conditions | 0.00 | Rider Hereditary 100 | Final _DL041708                    |

SERFF Tracking Number: FRCS-125722241 State: Arkansas  
Filing Company: American Alternative Insurance Corp State Tracking Number: EFT \$50  
Company Tracking Number: 4940  
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans  
Product Name: Pet Health Policies, Supplemental Forms and Rating  
Project Name/Number: AAIC/61/61

|          |   |                       |        |  |      |   |      |
|----------|---|-----------------------|--------|--|------|---|------|
|          |   |                       |        |  |      |   | .pdf |
| Approved | Illness Waiting<br>Period Coverage<br>Amendatory<br>Endorsement | PH 2019               | (1-08) | Endorseme New<br>nt/Amendm<br>ent/Condi<br>tions | 0.00 | Rider Illness<br>Waiting<br>Period<br>_DL041708_                        |      |
|          |   |                       |        |  |      | .pdf  |      |
| Approved | Pet Resort<br>Amendatory<br>Endorsement                         | PH 2020               | (1-08) | Endorseme New<br>nt/Amendm<br>ent/Condi<br>tions | 0.00 | Rider<br>PetResort<br>_DL041708_  |      |
|          |   |                       |        |  |      | .pdf  |      |
| Approved | Prescription Food<br>Amendatory<br>Endorsement                  | PH 2021               | (1-08) | Endorseme New<br>nt/Amendm<br>ent/Condi<br>tions | 0.00 | Rider<br>PrescriptFoo<br>d Final 4-<br>16_DL04170                       |      |
|          |   |                       |        |  |      | 8_.pdf  |      |
| Approved | Routine 100<br>Coverage<br>Amendatory<br>Endorsement            | PH 2022<br>(11-08)    | 11-08  | Endorseme New<br>nt/Amendm<br>ent/Condi<br>tions | 0.00 | AR - PH<br>2022_11-<br>08_ Rider<br>Routine<br>100Caretc.p<br>df        |      |
|          |   |                       |        |  |      |   |      |
| Approved | Routine 220 Care<br>Coverage<br>Amendatory<br>Endorsement       | PH 2023<br>(11-08)    | 11-08  | Endorseme New<br>nt/Amendm<br>ent/Condi<br>tions | 0.00 | AR - PH<br>2023_11-<br>08_ Rider<br>Routine<br>220Caretc.p<br>df        |      |
|          |   |                       |        |  |      |   |      |
| Approved | Signature<br>Endorsement  | SIG 1000              | (1-08) | Endorseme New<br>nt/Amendm<br>ent/Condi<br>tions | 0.00 | SIG 1000<br>_1-08_<br>Signature<br>Endorsemen<br>t<br>_2_040408.p<br>df |      |
|          |   |                       |        |  |      |   |      |
| Approved | AR Cancellation<br>Nonrenewal                                   | PH 2090-<br>AR (1-08) | (1-08) | Canc/NonR New<br>en Notice                       |      | AR -<br>Cancellation<br>Nonrenewal<br>2090_0108_                        |      |

|                                 |   |                               |                                    |
|---------------------------------|---|-------------------------------|------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>FRCS-125722241</i>                                     | <i>State:</i>                 | <i>Arkansas</i>                    |
| <i>Filing Company:</i>          | <i>American Alternative Insurance Corp</i>                | <i>State Tracking Number:</i> | <i>EFT \$50</i>                    |
| <i>Company Tracking Number:</i> | <i>4940</i>   |                               |                                    |
| <i>TOI:</i>                     | <i>09.0 Inland Marine</i>                                 | <i>Sub-TOI:</i>               | <i>09.0004 Pet Insurance Plans</i> |
| <i>Product Name:</i>            | <i>Pet Health Policies, Supplemental Forms and Rating</i> |                               |                                    |
| <i>Project Name/Number:</i>     | <i>AAIC/61/61</i>   |                               |                                    |

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| Approved | AR - S tate | PH 2091 (1-08) | Endorseme New |
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ADMINISTRATIVE OFFICE  
555 College Road East, Princeton, New Jersey 08543-5241  
(800) 305-4954

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**DECLARATIONS PAGE - PET INSURANCE**

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**INSURED INFORMATION**

Insured's Name: [John] [Smith]  
Address: [12345 Main St.]  
City, State and Zip: [Anywhere, USA 00000]  
[Telephone]: [000-000-0000]

**POLICY INFORMATION**

Policy Number: [1234456]  
Plan: [Basic ]  
Policy Period: 4/1/08 to 4/1/09 Time: 12:01 A.M

Covered Incident Limit : [\$1,500]  
Kennel Fees Limit Per Pet: [\$ 250]  
Advertising/Reward Limit Per Pet: [\$ 250]  
Theft or Straying Limit Per Pet: [No Coverage]  
Trip Cancellation Limit Per Pet: [No Coverage]  
Burial or Cremation Limit Per Pet: [No Coverage]  
Aggregate Limit: [\$7,500]

Deductible Per Covered Incident: Accident & Illness [\$50]

Waiting Period Per Pet: Illness 14 days

**DESCRIPTION OF COVERED PETS**

|                 | <b>Pet #1</b> | <b>Pet #2</b> | <b>Pet#3</b>  |
|-----------------|---------------|---------------|---------------|
| Name of Pet(s): | [Sport]       | [Kitty]       | [Spot]        |
| Species:        | [Canine]      | [Feline]      | [Canine]      |
| Breeds:         | [Mixed]       | [Mixed]       | [Mixed]       |
| Color(s):       | [Black]       | [Grey]        | [Black/White] |
| Sex:            | [Male]        | [Female]      | [Male]        |
| Age:            | [4 yrs.]      | [2 yrs.]      | [5 yrs.]      |

**ENDORSEMENTS PER POLICY**

|                   |  |
|-------------------|--|
| SIG 1000 (01/08)  | Signature Endorsement                      |
| [PH 20XX (01-08)] | [California State Amendatory Endorsment]   |
| [PH 20XX (01-08)] | [Cancellation and Non-Renewal Endorsement] |
| [PH 2022 (01-08)] | [Routine 100 Amendatory Endorsement]       |

**COMBINED TOTAL PREMIUM**

Base Premium All Pets: [\$ 579.31]  
Endorsement Premium All Pets: [\$ 177.34]  
[KY] Surcharge [1.5%]: [\$ 11.35]  
Annual Payment Discount: [(\$ 12.00)]  
Total Cost of Policy: [\$ 756.00]  
Monthly Payment: [ \$ 64.00]

Companies writing property and casualty insurance business in [Kentucky] are required to levy a [1.5%] surcharge. If a company becomes insolvent, the [Kentucky Department of Insurance settles unpaid claims and assesses each insurance Company for its fair share.

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Authorized Signature

PH 2000 (1-08)





ADMINISTRATIVE OFFICE  
555 College Road East, Princeton, New Jersey 08543-5241  
(800) 305-4954

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**PET INSURANCE  
BASIC PLAN POLICY**

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**INSURING AGREEMENT**

Upon payment of the premium by the "insured", when due and complying with the terms of this policy, the "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth below in the sections of this policy entitled "Benefit Provisions" and "General Conditions". "We" will pay only for "covered services" rendered during the "policy period." Benefits are payable subject to any and all policy conditions and exclusions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all "covered incidents" as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the "insured") had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount "we" will pay per "covered incident", as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical services provided "your pet" arising from accidental injury or illness affecting "your pet", boarding kennel fees, or advertising and reward expenses.

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy, naming "you" as the "insured", specifying "your pet" with respect to which coverage is being provided and stating the effective date of the policy and/or "policy period". This term shall include the Declarations Page of this policy.

"Insured" shall mean "you", the pet owner/"insured" policyholder.

"Insurer" shall mean the insurance carrier identified on the Declarations Page of this policy and other pertinent "documents of insurance".

"Policy period" shall mean the twelve months from the inception of this policy, unless otherwise specified on the Declarations Page of this policy.

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"Waiting period" shall refer to an initial period of 14 days from the inception date of this policy.

"We", "our", or "us" shall mean the "insurer".

"You" or "your" shall mean the insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the application for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins as of the effective date and time shown on the "documents of insurance" (including the Declarations Page, which forms part of this policy as issued) provided to "you" upon enrollment in the Plan. "We" will not reimburse "you" for illness expenses arising from any incident pertaining to "your pet" occurring within the initial 14-day "waiting period" commencing at policy inception. This 14-day "waiting period" will not apply to accident expenses or any subsequent "policy period" representing a renewal of this policy, if continuous coverage is maintained.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 90% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Benefits are paid for "covered services" as defined in this policy and set forth in the section of this policy entitled, "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet", boarding kennel fees or advertising and reward.

Boarding Kennel Fees: If "you", the "insured", are hospitalized for more than 96 hours, "we" will pay for "your pet's" boarding fees, up to the applicable Boarding Kennel Fees Limit as shown on the Declarations Page. This policy benefit is applicable if during the "policy period" "you" are ill or injured and have to go into the hospital for more than 96 hours and "your pet" stays in a licensed boarding facility while "you" are in the hospital.

**"WE" WILL NOT PAY FOR:** boarding or kennel fees if "you" are hospitalized for less than 96 hours or are otherwise detained and unable to attend to "your pet".

Advertising & Reward: If "your pet" is lost or stolen, "we" will pay for local newspaper advertising and a reward subject to the Advertising and Reward Limit shown on the Declarations Page.

If "you" try to find "your pet" after it is stolen or strays, "we" will reimburse you for Advertising Expenses and Rewards subject to the Advertising and Reward Limit as shown on the Declarations Page. Payment arrangements or costs pertaining to an effort to find or recover "your pet" are subject to prior approval by "us" in order to be eligible for this coverage.

**"WE" WILL NOT PAY FOR:** advertising, recovery or reward costs that have not been submitted for "our" review and given "our" prior approval. This Advertising and Reward benefit is not applicable if "your pet" is stolen or strays within 14 days of policy inception.

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page. There is no deductible applicable to Boarding Kennel Fees and Advertising and Reward.

## **GENERAL CONDITIONS**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

Payments for boarding kennel fees are limited as shown on the Declarations Page.

Payments for covered advertising and reward expenses are limited as shown on the Declarations Page.

The "Aggregate Limit" for all coverages provided by this policy for "covered services" is shown on the Declarations Page.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original application for this insurance, "you" have either represented that "your pet" as specified and described in the application and/or Declarations Page was in good health and free of illness or injury as of the effective date of this policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed "your" understanding that any expenses arising from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

Leukemia insurance for cats may be made effective after "you" provide documentation of a negative FeLV test and proper vaccination.

## **ELECTRONIC DELIVERY**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**

This coverage is valid and only applies to "covered incidents" occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **OTHER INSURANCE**

If at any time a claim is made under this policy for a "covered incident", and there is other insurance applicable, "we" will pay "our" share of the benefits for covered expenses. "Our" share is the proportion that the "Covered Incident Limit" bears to the total benefits available under all applicable insurance.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by "us" during the "policy period" by written notice to "you" for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium. Specific terms and conditions with respect to termination, cancellation and nonrenewal of this policy are set forth in the attached Cancellation and Nonrenewal Endorsement, which is made a part of this policy.

**Misrepresentation**

The policy shall be terminable if “you” have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to “you”, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

**Termination by “Insured”**

“You” (the “insured” policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to “us”.

**TRANSFER OF POLICY**

This policy, while issued to “you”, provides coverage only with respect to the specific pet (“your pet” or “the covered pet”) designated and described in the application for this policy and its Declarations Page. If ownership of “your pet” is transferred to another person during the “policy period”, continued coverage for “your” pet” is subject to a new application and to applicable underwriting rules.

**EXCLUSIONS AND LIMITATIONS**

Beyond the exclusions and limitations pertaining to specific coverages under this policy that have thus far been set forth above, this policy will not pay for costs “you” incur for:

1. Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the veterinarian’s premises or hospital.
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of “your pet”.
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with “us”.
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.

15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

### **EXPANSION OF COVERAGE**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements, or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

### **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services", boarding kennel fees, and/or advertising and reward.

All claims must be submitted to "us" in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with such "covered services".

### **DECLARATIONS**

By accepting this policy, "you" agree that all the statements made by "you" to "us" in the "application" and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements comprise the entire agreement between "you" and "us".

ADMINISTRATIVE OFFICE  
555 College Road East, Princeton, New Jersey 08543-5241  
(800) 305-4954

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**PET INSURANCE  
PREFERRED PLAN POLICY**

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**INSURING AGREEMENT**

Upon payment of the premium by the "insured", when due and complying with the terms of this policy, the "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth below in the sections of the policy entitled "Benefit Provisions" and "General Conditions". "We" will pay only for "covered services" rendered during the "policy period". Benefits are payable subject to any and all policy conditions and exclusions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all "covered incidents" as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the "insured") had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount that "we" will pay per covered incident, as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical services provided to or arising from accidental injury or illness affecting "your pet", boarding kennel fees, advertising and reward expenses, loss by theft or straying, or trip cancellation.

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy naming "you" as the "insured", specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or "policy period". This term shall include the Declarations Page of this policy.

"Insured" shall mean "you", the pet owner/"insured" policyholder.

"Insurer" shall mean the insurance carrier identified on the Declarations Page of this policy and other pertinent "documents of insurance".

"Policy period" shall mean twelve months from the inception of this policy, unless otherwise specified on the policy's Declarations Page.

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for veterinarians.

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"Waiting period" shall refer to an initial period of 14 days from the inception date of this policy.

"We", "our", or "us" shall mean the "insurer".

"You" or "Your" shall mean the "insured" policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins as of the effective date and time shown on the "documents of insurance" (including the Declarations Page, which forms part of this policy as issued) provided to "you" upon enrollment in the Plan. "We" will not reimburse "you" for illness expenses arising from any incident pertaining to "your pet" occurring within the initial 14-day "waiting period" commencing at policy inception. This 14-day "waiting period" will not apply to accident expenses or any subsequent "policy period" representing a renewal of this policy, if continuous coverage is maintained.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 90% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Benefits are paid for "covered services" as defined in this policy, and set forth in the section of this policy entitled "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet" boarding kennel fees, advertising and reward, loss by theft or straying, or trip cancellation.

Boarding Kennel Fees: If "you", the "insured", are hospitalized for more than 96 hours "we" will pay for "your pet's" boarding fees up to the applicable Boarding Kennel Fees Limit as shown on the Declarations Page. This policy benefit is applicable if during the "policy period", "you" are ill or injured and must be hospitalized for more than 96 hours, and "your pet" stays in a licensed boarding facility while "you" are in the hospital.

"WE" WILL NOT PAY FOR: boarding or kennel fees if "you" are hospitalized for less than 96 hours, or are otherwise detained and unable to attend to "your pet".

Advertising & Reward: If "your pet" is lost or stolen, "we" will pay for local newspaper advertising and a reward subject to the Advertising and Reward Limit shown on the Declarations Page.

If "you" try to find "your pet" after it is stolen or strays, "we" will reimburse you for Advertising Expenses and Rewards subject to the Advertising and Reward Limit as shown on the Declarations Page. Payment arrangements or costs pertaining to an effort to find or recover "your pet" are subject to prior approval by "us" in order to be eligible for this coverage.

"WE" WILL NOT PAY FOR: advertising, recovery or reward costs that have not been submitted for "our" review and given "our" prior approval. This Advertising and Reward benefit is not applicable if "your pet" is stolen or strays within 14 days of policy inception.

Loss By Theft or Straying: If “your” covered pet is not found despite all endeavors, “we” will reimburse the price “you” paid for the pet.

“WE” WILL PAY the price “you” paid for “your pet”, up to the maximum as shown if, during the “policy period” your pet is stolen or strays and “you” do not recover “your pet” within 30 days. If “you” recover “your pet” after “we” have paid “you”, “you” must return to “us” the entire payment “we” made under this provision. If in this event the amount in question is not repaid to “us”, “we” can take legal action to secure its recovery.

“WE” WILL NOT PAY FOR: The purchase price of “your pet” if the pet is stolen or strays within 14 days of policy inception.

Trip Cancellation: This benefit is applicable if “your pet” has life saving emergency surgery while “you” are on vacation, or up to seven (7) days before.

“WE” WILL PAY up to the maximum as set forth below if, during the “policy period”, “you” cancel “your” vacation or return home from vacation early because “your” “veterinarian” advises that “your pet” needs life-saving surgery. In order for a prior cancellation to be eligible for this coverage, “you” must have cancelled your vacation less than seven (7) days before “you” were scheduled to leave. This benefit applies only if the expenses incurred are not recoverable from any other source (inclusive of a travel or trip cancellation insurance policy). “We” will not pay these or similar costs for any other person who was on vacation with “you”.

“WE” WILL NOT PAY if “you” cancel “your” vacation or come home early because “your pet” needs surgery which is not necessary to save the animal’s life; cancel “your” vacation or come home early solely because “your pet” is ill; or, booked “your” vacation less than 28 days before “you” were scheduled to leave.

## **DEDUCTIBLE**

A deductible shall apply to each “covered incident” during the “policy period”, as shown on the Declarations Page. There is no deductible applicable to boarding kennel fees, advertising and reward, loss by theft or straying, or trip cancellation.

## **GENERAL CONDITIONS**

### **Coverage Limits**

Payments for “covered services” are limited to the “Covered Incident Limit” and the “Aggregate Limit” as shown on the Declarations Page.

Limits for boarding kennel fees, advertising and reward, theft or straying, and trip cancellation are shown on the Declarations Page.

The “Aggregate Limit” for all coverages provided by this policy for “covered services” is shown on the Declarations Page.

Leukemia insurance for cats may be made effective after “you” provide documentation of a negative FeLV test and proper vaccination.

Expenses arising from “pre-existing conditions” are not covered by this policy. In the original “application” for this insurance, “you” have either represented that “your pet” as specified and described in the “application” and/or Declarations Page was in good health and free of illness or injury as of the effective date of the policy, or “you” have disclosed a specific “pre-existing condition(s)” and by accepting this policy, have affirmed “your” understanding that any expenses arising from treatment of such “pre-existing condition(s)” shall not be covered under this policy.

## **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to “you” by electronic mail via the



internet, at “our” option. If “you” choose not to accept electronic delivery of this policy, “you” must immediately notify “us” and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**

This coverage is valid and only applies to “covered incidents” occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **OTHER INSURANCE**

If at any time a claim is made under this policy for a “covered incident”, and there is other insurance applicable, “we” will pay “our” share of the benefits for covered expenses. “Our” share is the proportion that the “Covered Incident Limit” bears to the total benefits available under all applicable insurance.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by “us” during the “policy period” by written notice to “you” for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium. Specific terms and conditions with respect to termination, cancellation and nonrenewal of this policy are set forth in the attached Cancellation and Nonrenewal Endorsement, which is made a part of this policy.

### **Misrepresentation**

The policy shall be terminable if “you” have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to “you”, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

### **Termination by “Insured”**

You (the “insured” policyholder) may terminate this policy at any time, for any reason, by mailing or delivering written notice of cancellation to “us”.

## **TRANSFER OF POLICY**

This policy, while issued to and held by “you”, provides coverage only with respect to the specific pet (“your pet”) designated and described in the “application” for this policy and its Declarations Page. If ownership of “your pet” is transferred to another person during the “policy period”, continued coverage for “your pet” is subject to a new “application” and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

Beyond the exclusions and limitations pertaining to specific coverages under this policy that have thus far been set forth above, this policy will not pay for costs “you” incur for:

1. Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.

5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the "veterinarian's" premises or hospital.
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of "your pet".
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with "us".
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

## **EXPANSION OF POLICY**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

## **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services", boarding kennel fees, advertising and reward, loss by theft or straying, and/or trip cancellation.

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with such "covered services".

## **DECLARATIONS**

By accepting this policy, "you" affirm that all the statements made by "you" to "us" in the "application" and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements comprise the entire agreement between "you" and "us".

ADMINISTRATIVE OFFICE  
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**PET INSURANCE  
PREFERRED PLUS PLAN POLICY**

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**INSURING AGREEMENT**

Upon the payment of the premium by the "insured", when due and complying with the terms of this policy, the "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth in the policy benefits listed below under "Benefit Provisions". "We" will pay only for "covered services" rendered during the policy period. Benefits are payable subject to any and all policy exclusions and conditions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all covered incidents as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the insured) had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount that "we" will pay per covered incident, as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical services provided to or arising from accidental injury or illness affecting "your pet", boarding kennel fees, advertising and reward expenses, loss by theft or straying, trip cancellation, or burial or cremation expenses.

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy naming "You" as the insured, specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or "policy period". The term shall include the Declarations Page of this policy.

"Insured" shall mean "you", the pet owner/insured policyholder.

"Insurer" shall mean the insurance carrier identified on the Declarations Page of this policy and other pertinent "documents of insurance".

"Policy period" shall mean twelve months from the inception of this policy, unless otherwise specified in this policy's Declarations Page.

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed "veterinarian".

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"Waiting period" shall refer to an initial period of 14 days from the inception date of this policy.

"We", "our", or "us" shall mean the insurer.

"You" shall mean the insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins as of the effective date and time shown on the "documents of insurance" (including the Declarations Page, which forms part of this policy as issued) provided to "you" upon enrollment in the Plan. "We" will not reimburse "you" for illness expenses arising from any incident pertaining to "your pet" occurring within the initial 14-day "waiting period" commencing at policy inception. This 14-day "waiting period" will not apply to accident expenses or any subsequent "policy period" representing a renewal of this policy, if continuous coverage is maintained.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 90% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Benefits are paid for "covered services" as defined in this policy, and set forth in the section of the policy entitled "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "Your pet", boarding kennel fees, advertising and reward, loss by theft or straying, trip cancellation, burial, or cremation.

Boarding Kennel Fees: If "you", the "insured", are hospitalized for more than 96 hours, "we" will pay for "your pet's" boarding fees, up to the applicable Boarding Kennel Fees Limit as shown on the Declarations Page. This policy benefit is applicable if during the "policy period" "you" are ill or injured and have to go into the hospital for more than 96 hours and "your pet" stays in a licensed boarding facility while "you" are in the hospital.

**"WE" WILL NOT PAY FOR:** boarding or kennel fees if "you" are hospitalized for less than 96 hours or are otherwise detained and unable to attend to "your pet".

Advertising & Reward: If "your pet" is lost or stolen, "we" will pay for local newspaper advertising and a reward subject to the Advertising and Reward Limit shown on the Declarations Page.

If “you” try to find “your pet” after it is stolen or strays, “we” will reimburse you for Advertising Expenses and Rewards subject to the Advertising and Reward Limit as shown on the Declarations Page. Payment arrangements or costs pertaining to an effort to find or recover “your pet” are subject to prior approval by “us” in order to be eligible for this coverage.

“WE” WILL NOT PAY FOR: advertising, recovery or reward costs that have not been submitted for “our” review and given prior approval. This Advertising and Reward benefit is not applicable if “your pet” is stolen or strays within 14 days of policy inception.

Loss By Theft or Straying: If “your pet” is not found despite all endeavors, “we” will reimburse the price “you” paid for the pet.

“WE” WILL PAY the price “you” paid for “your pet”, up to the maximum as shown if, during the “policy period” “your pet” is stolen or strays and “you” do not recover “your pet” within 30 days. If “you” recover “your pet” after “we” have paid you, “you” must return to “us” the entire payment “We” made under this provision. If in this event the amount in question is not repaid to “us”, “we” can take legal action to secure its recovery.

“WE” WILL NOT PAY FOR: The purchase price of “your pet” if the pet is stolen or strays within 14 days of policy inception.

Trip Cancellation: This benefit is applicable if “your pet” has life saving emergency surgery while “you” are on vacation, or up to seven (7) days before.

“WE” WILL PAY up to the maximum as set forth below if, during the “policy period”, “you” cancel your vacation or return home from vacation early because your “veterinarian” advises that “your pet” needs life-saving surgery. In order for a prior cancellation to be eligible for this coverage, “you” must have cancelled “your” vacation less than seven (7) days before “you” were scheduled to leave. This benefit applies only if the expenses incurred are not recoverable from any other source (inclusive of a travel or trip cancellation insurance policy). “We” will not pay these or similar costs for any other person who was on vacation with you.

“WE” WILL NOT PAY if “you” cancel your vacation or come home early because “your pet” needs surgery which is not necessary to save the animal’s life; cancel “your” vacation or come home early solely because “your pet” is ill; or, booked “your” vacation less than 28 days before “you” were scheduled to leave.

Burial or Cremation Expenses: Upon “your pet’s” death “WE” WILL PAY for the costs associated with the burial or cremation.

## **DEDUCTIBLE**

A deductible shall apply to each “covered incident” during the “policy period”, as shown on the Declarations Page. There is no deductible applicable to Boarding Kennel Fees, Advertising and Reward, Loss by Theft or Straying, Trip Cancellation or Burial or Cremation Expenses.

## **GENERAL CONDITIONS**

### **Coverage Limits**

Payments for “covered services” are limited to the “Covered Incident Limit” and the “Aggregate Limit” as shown on the Declarations Page.

Payments for boarding kennel fees are limited as shown on the Declarations Page.

Payments for covered advertising and reward expenses are limited as shown on the Declarations Page.

The "Aggregate Limit" for all coverages provided by this policy for "covered services" is shown on the Declarations Page.

Leukemia insurance for cats may be made effective after "you" provide documentation of a negative FeLV test and proper vaccination.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the "application" and/or Declarations Page was in good health and free of illness or injury as of the effective date of the policy, or "you" have disclosed a specific "pre-existing condition(s)" and by accepting this policy have affirmed your understanding that any expenses from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

#### **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

#### **TERRITORY**

This coverage is valid and only applies to "covered incidents" occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

#### **OTHER INSURANCE**

If at any time a claim is made under this policy for a "covered incident", and there is other insurance applicable "we" will pay "our" share of the benefits for covered expenses. "Our" share is the proportion that the "Covered Incident Limit" bears to the total benefits available under all applicable insurance.

#### **TERMINATION OF INSURANCE**

##### **General**

This policy may be terminated by "us" during the policy period by written notice to "you" for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium. Specific terms and conditions with respect to termination, cancellation and nonrenewal of this policy are set forth in the attached Cancellation and Nonrenewal Endorsement, which is made a part of this policy.

##### **Misrepresentation**

The policy shall be terminable if "you" have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to "you", with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

##### **Termination by "Insured"**

"You" (the "insured" policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to "us".

#### **TRANSFER OF POLICY**

This policy, while issued to and held by "you", provides coverage only with respect to the specific pet ("your pet") designated and described in the "application" for this policy and its Declarations Page. If

ownership of "your pet" is transferred to another person during the "policy period", continued coverage for "your pet" is subject to a new "application" and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

This policy will not pay for costs "you" incur for:

1. Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed "veterinarian" must be submitted to "us" for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths)
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the "veterinarian's" premises or hospital.
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of "your pet".
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with "us".
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".



This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

## **EXPANSION OF POLICY**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

## **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services", boarding kennel fees, advertising and reward, loss by theft or straying, trip cancellation, or burial or cremation.

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with such "covered services".

## **DECLARATIONS**

By accepting this policy, "you" affirm that all the statements made by "you" to "us" in the application and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and its endorsements are the entire and only agreements between "you" and "us".



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**PET INSURANCE  
ACCIDENTFIRST POLICY**

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**INSURING AGREEMENT**

Upon payment of the premium by the "insured", when due and complying with the terms of this policy, the "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth below in the sections of this policy entitled "Benefit Provisions" and "General Conditions". "We" will pay only for "covered services" rendered during the "policy period". Benefits are payable subject to any and all policy conditions and exclusions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all covered incidents as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to our standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the "insured") had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount that "we" will pay per "covered incident", as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical services provided to or arising from accidental injury affecting "your pet".

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy, naming "you" as the "insured", specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or "policy period". The term shall include the Declarations Page of this policy.

"Insured" shall mean "you", the pet owner/insured policyholder.

"Insurer" shall mean the insurance carrier identified on the Declarations page of this policy and other pertinent "documents of insurance".

"Policy period" shall mean 12 months from the inception of this policy, unless otherwise specified on the policy's Declaration Page.

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed "veterinarian".

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"Waiting period" shall refer to midnight from the inception date of this policy.

"We", "our", or "us" shall mean the "insurer".

"You" or "your" shall mean the insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins after a 48-hour "waiting period" is applied after the effective date and time shown on the "documents of insurance" (including the Declarations Page, which forms part of this policy as issued) provided to "you" upon enrollment in the Plan.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 100% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Benefits are paid for "covered services" as defined in this policy and set forth in the section of the policy entitled "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury affecting "your pet."

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page. There is no deductible applicable to Boarding Kennel Fees and Advertising and Reward.

## **GENERAL CONDITIONS**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the "application" and/or Declarations Page was in good health and free of illness or injury as of the effective date of this policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed "your" understanding that any expenses arising from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

## **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**

This coverage is valid and only applies to “covered incidents” occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **OTHER INSURANCE**

If at any time a claim is made under this policy for a “covered incident”, and there is other insurance applicable, “we” will pay our share of the benefits for covered expenses. “Our” share is the proportion that the “Covered Incident Limit” bears to the total benefits available under all applicable insurance.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by “us” during the “policy period” by written notice to “you” for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium. Specific terms and conditions with respect to termination, cancellation and nonrenewal of this policy are set forth in the attached Cancellation and Nonrenewal Endorsement, which is made a part of this policy.

### **Misrepresentation**

The policy shall be terminable if “you” have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to “you”, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

### **Termination by “Insured”**

“You” (the insured policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to “us”.

## **TRANSFER OF POLICY**

This policy, while issued to “you”, provides coverage only with respect to the specific pet (“your pet” or “the covered pet”) designated and described in the “application” for this policy and its Declarations Page. If ownership of “your pet” is transferred to another person during the “policy period”, continued coverage for “your pet” is subject to a new “application” and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

Beyond the exclusions and limitations pertaining to specific coverages under this policy that have thus far been set forth above, this policy will not pay for costs “you” incur for:

1. Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.

5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the "veterinarian's" premises or hospital.
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of "your pet."
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with "us".
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Illness not directly caused by an injury.
18. Multiple incidents (more than one) of foreign object ingestions in a 12-month period.
19. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
20. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. Usurped power; or 9. nuclear radioactive contamination.

## **EXPANSION OF COVERAGE**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

## **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after “we” receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for “covered services”, boarding kennel fees, and/or advertising and reward.

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to “you” in connection with such “covered services”.

## **DECLARATIONS**

By accepting this policy, “you” agree that all the statements made by “you” to “us” in the “application” and/or enrollment process, and any related declarations or representations by “you” are true and that “you” have not withheld any information regarding “pre-existing condition(s)” or any other material facts. “You” affirm that the policy and the endorsements comprise the entire agreement between “you” and “us”.



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**PET INSURANCE  
ADOPTION PLAN POLICY**

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**INSURING AGREEMENT**

The "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth in the policy. "We" will pay only for "covered services" rendered during the "policy period". Benefits are payable subject to any and all policy exclusions and conditions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all "covered incidents" as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the insured) had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount that "we" will pay per "covered incident", as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical service provided to or arising from accidental injury or illness affecting "your pet".

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy naming "you" as the "insured", specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or "policy period". This term shall include the Declarations Page of this policy.

"Insured" shall mean "you", the pet owner/insured policyholder.

"Insurer" shall mean the insurance carrier.

"Policy period", unless extended for 11 months – 12 months total, shall mean 30 days from the date and time the pet is adopted and is enrolled in coverage under this policy

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" occurring or manifesting prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"We", "our", or "us" shall mean the insurer.

"You" or "your" shall mean the insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins at 12:01a.m. following the date the pet is adopted and enrolled in coverage.

## **BENEFIT PROVISIONS**

During the "policy period", "we will pay 100% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Coverage is with respect to any pet which "you" have adopted from a non-profit animal agency such as a humane society, society of prevention of cruelty to animals, animal control or other adoption agency. Benefits are paid for "covered incidents" subject to the terms and conditions of this policy.

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page.

## **GENERAL CONDITIONS**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

The adopter must have a valid policy number issued to the pet's owner or no coverage is applicable or available.

Leukemia insurance for cats may be made effective after "you" provide documentation of a negative FeLV test and proper vaccination.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the "application" and/or Declarations Page was in good health and free of illness or injury as of the effective date of the policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed "your" understanding that any expenses from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

## **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**



This coverage is valid and only applies to “covered incidents” occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by the “insurer” during the “policy period” by written notice to “you” for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium.

### **Misrepresentation**

The policy shall be terminable if “you” have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to “you”, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

### **Termination by “Insured”**

“You” (the insured policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to “us”.

## **TRANSFER OF POLICY**

This policy, while issued to and held by “you”, provides coverage only with respect to the specific pet (“your pet”) designated and described in the “application” for this policy. If ownership of “your pet” is transferred to another person during the “policy period”, continued coverage for “your pet” is subject to a new “application” and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

This policy will not pay for costs “you” incur for:

1. Injury or illness manifested prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.

9. Time and travel expenses to the “veterinarian’s” premises or hospital.
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of “your pet.”
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with “us”.
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by “us”.
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with “you”) during the first six (6) months of the “policy period”.

This policy will not provide payment for expenses related to accidental injury to or illness of “your pet” caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. Usurped power; or 9. nuclear radioactive contamination.

## **EXPANSION OF POLICY**

If “we” make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

## **LOSS CONDITIONS & “INSURED’S” DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, “you” agree to obtain or release all medical records to support claims upon request; furthermore, “you” authorize “us” to obtain all records to support the claim. Upon request “you” will provide “us” with proof of identity of “your pet” as “we” may require.

A loss is payable within 60 days after “we” receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for such “covered services”.

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to “you” in connection with a “covered service”.

## **DECLARATIONS**

By accepting this policy, “you” agree that all the statements made by “you” to “us” in the “application” and/or enrollment process, and any related declarations or representations by “you” are true and that “you” have not withheld any information regarding “pre-existing condition(s)” or any other material facts. “You” affirm that the policy and the endorsements are the entire and only agreements between “you” and “us”.



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**PET INSURANCE  
EMERGENCYFIRST PLAN POLICY**

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**INSURING AGREEMENT**

The "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth in the policy. "We" will pay only for "covered services" rendered during the "policy period". Benefits are payable subject to any and all policy exclusions and conditions.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all "covered incidents" as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the insured) had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount that "we" will pay per "covered incident", as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical service provided to and/or arising from life-threatening accidental injury affecting "your pet" should "your pet" be injured while reported lost by the "insured" or a certification is issued from a licensed "veterinarian" or shelter administrator/executive that "your pet" was injured while lost.

"Insured" shall mean "you", the pet owner/insured policyholder.

A "lost" pet, for purposes of determining applicability of this policy, is one that has strayed or otherwise disappeared from "your" physical custody and supervision, the location of which is not known to "you" at the time of the accident from which the need for emergency medical services arises or at the time of the transportation of "your pet" to the veterinary facility following such accident.

"Policy period" shall mean twelve (12) months from the inception of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"We", "our", or "us" shall mean the insurer.

"You" or "your" shall mean the insured policyholder.

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"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other applicable "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins on the effective time and date shown on the "documents of insurance".

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 100% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page.

## **LIMIT OF LIABILITY**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

## **GENERAL CONDITIONS**

Other Insurance - If at any time a claim is made under this policy for a "covered incident", and there is other insurance applicable, "we" will pay "our" share of the benefits for covered expenses. "Our" share is the proportion that the "Covered Incident Limit" bears to the total benefits available under all applicable insurance.

Territory - This coverage is valid and only applies to "covered incidents" arising from incidents occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

Condition of "Your Pet" – In the original "application" for this insurance, "you" represented that "your pet" described on the Declarations Page was in good health and free of injury as of the effective date of this policy.

Change of ownership – Coverage for "your pet" will cease if ownership of "your pet" is transferred by agreement or law.

Conformity to State Statutes – When this policy's provisions are in conflict with the statutes of the state in which this policy is issued, the provisions are amended to conform to such statutes.

Cancellation – "You" may cancel this policy at any time by returning it to "us" or by notifying "us" in writing including the future date cancellation is to take effect. "We" may elect to non-renew this policy on the expiration date.

Misrepresentation - The policy shall be terminable if "you" have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to "you", with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

## **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the

internet, at “our” option. If “you” choose not to accept electronic delivery of this policy, “you” must immediately notify “us” and arrange for the policy to be mailed or otherwise delivered.

## **EXCLUSIONS AND LIMITATIONS**

This policy will not pay for costs “you” incur for:

1. Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the “veterinarian’s” premises or hospital.
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of “your pet”.
11. Congenital or hereditary defects or diseases
12. Continuous coverage of chronic and long-term conditions that manifest in a previous policy year.
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Intentional injury to “your pet” by “you” or a member of “your” household.
18. Illness not directly caused by an injury while “your pet” is lost.
19. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by “us”.
20. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with “you”) during the first six (6) months of the “policy period”.

This policy will not provide payment for expenses related to accidental injury of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

#### **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services", or advertising and reward.

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with a "covered service".

#### **DECLARATIONS**

By accepting this policy, "you" affirm that all the statements made by "you" to "us" in the "application" and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements are the entire and only agreements between "you" and "us".



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**PET INSURANCE  
FIRST COVERAGE PLAN POLICY**

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**INSURING AGREEMENT**

Upon payment of the premium by the "insured", when due and complying with the terms of this policy, the "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth below in the sections of the policy entitled "Benefit Provisions" and "General Conditions". "We" will pay only for "covered services" rendered during the "policy period". Benefits are payable subject to any and all policy conditions and exclusions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all "covered incidents" as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the "insured") had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount that "we" will pay per "covered incident", as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical services provided to or arising from accidental injury or illness affecting "your pet".

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy, naming "you" as the "insured", specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or policy period. This term shall include the Declarations Page of this policy.

"Insured" shall mean "you", the pet owner/insured policyholder.

"Insurer" shall mean the insurance carrier identified on the Declarations Page of this policy and other pertinent "documents of insurance".

"Policy period" shall mean twelve (12) months from the inception of this policy, unless otherwise specified on this policy's Declarations Page.

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"Waiting period" shall refer to an initial period of 14 days from the inception date of this policy.

"We", "our", or "us" shall mean the insurer.

"You" or "your" shall mean the insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins as of the effective date and time shown on the "documents of insurance" (including the Declarations Page, which forms part of this policy as issued) provided to "you" upon enrollment in the Plan. "We" will not reimburse "you" for illness expenses arising from any incident pertaining to "your pet" occurring within the initial 14-day "waiting period" commencing at policy inception. This 14-day "waiting period" will not apply to accident expenses or any subsequent "policy period" representing a renewal of this policy, if continuous coverage is maintained.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 100% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Benefits are paid for covered expenses as defined in this policy and set forth in the section of the policy entitled "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet".

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page.

## **GENERAL CONDITIONS**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the "application" and/or Declarations Page was in good health and free of illness or injury as of the effective date of policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed "your" understanding that any expenses arising from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

Leukemia insurance for cats may be made effective after "you" provide documentation of a negative FeLV test and proper vaccination.

## **Electronic Delivery**

**PH 2007 (1-08)**



By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**

This coverage is valid and only applies to "covered incidents" occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **OTHER INSURANCE**

If at any time a claim is made under this policy for a "covered incident", and there is other insurance applicable, "we" will pay "our" share of the benefits for covered expenses. "Our" share is the proportion that the "Covered Incident Limit" bears to the total benefits available under all applicable insurance.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by "us" during the "policy period" by written notice to "you" for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium. Specific terms and conditions with respect to termination, cancellation and nonrenewal of this policy are set forth in the attached Cancellation and Nonrenewal Endorsement, which is made a part of this policy.

### **Misrepresentation**

The policy shall be terminable if "you" have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to you, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

### **Termination by "Insured"**

You (the "insured" policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to "us".

## **TRANSFER OF POLICY**

This policy, while issued to "you", provides coverage only with respect to the specific pet ("your pet" or "the covered pet") designated and described in the "application" for this policy and its Declarations Page. If ownership of "your pet" is transferred to another person during the "policy period", continued coverage for "your pet" is subject to a new "application" and to applicable underwriting rules.

## **EXCLUSIONS**

Beyond the limits and exclusions pertaining to specific coverages under this policy that have thus far been set forth above, this policy will not pay for costs "you" incur for:

1. Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed "veterinarian" must be submitted to "us" for consideration of removal of any medical exclusion.

2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the "veterinarian's" premises or hospital
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of "your pet".
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with "us".
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

#### **EXPANSION OF COVERAGE**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

## **LOSS CONDITIONS & “INSURED’S” DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, “you” agree to obtain or release all medical records to support claims upon request; furthermore, “you” authorize “us” to obtain all records to support the claim. Upon request “you” will provide “us” with proof of identity of “your pet” as “we” may require.

A loss is payable within 60 days after “we” receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for “covered services”, boarding kennel fees, and/or advertising and reward.

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to “you” in connection with a “covered service”.

## **DECLARATIONS**

By accepting this policy, “you” agree that all the statements made by “you” to “us” in the “application” and/or enrollment process, and any related declarations or representations by “you” are true and that “you” have not withheld any information regarding “pre-existing condition(s)” or any other material facts. “You” affirm that the policy and the endorsements comprise the entire agreement between “you” and “us”.

ADMINISTRATIVE OFFICE  
555 College Road East, Princeton, New Jersey 08543-5241  
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**PET INSURANCE  
MYFIRST PLAN POLICY**

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**INSURING AGREEMENT**

The “insurer” agrees to reimburse the “insured” for “covered services” to the extent set forth in the policy. “We” will pay only for “covered services” rendered during the “policy period”. Benefits are payable subject to any and all policy exclusions and conditions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine “your” rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

“Aggregate Limit” shall mean the maximum amount “we” will pay for all “covered incidents” as shown on the Declarations Page of this policy.

“Application” shall mean “your” statements and representations to “us” provided by “you” in the enrollment process in response to “our” standard questions and data requests to “you” as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

“Covered incident” shall mean an occurrence wherein “you” (the insured) had to make payment for a “covered service” under this policy.

“Covered service” shall mean expenses incurred from necessary veterinary medical service provided to or arising from accidental injury or illness affecting “your pet”.

“Document of insurance” shall mean any document issued to “you” by “us” in connection with this policy naming “you” as the “insured”, specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or “policy period”. This term shall include the Declarations Page of this policy.

“Insured” shall mean “you”, the pet owner/insured policyholder.

“Insurer” shall mean the insurance carrier.

“Policy period”, unless extended for 11 months – 12 months total, shall mean 30 days from the date and time the pet is adopted/purchased and is enrolled in coverage under this policy

“Pre-existing condition” shall mean any illness, condition requiring medical treatment, or injury affecting “your pet” occurring or manifesting prior to the inception date of this policy.

“Reasonable & Customary” shall refer to published industry guidelines, such as the American Animal Hospital Association’s fee reference guide for veterinarians.

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"We", "our", or "us" shall mean the insurer.

"You" or "your" shall mean the insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins at 12:01a.m. following the date the pet is adopted and enrolled in coverage.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 100% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Coverage is with respect to any pet which "you" have adopted from a non-profit animal agency such as a humane society, society of prevention of cruelty to animals, animal control, other adoption agency, pet specialty store, or breeder.

Within the policy terms, benefits are paid for "covered incidents" as defined in the section of this policy entitled, "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet".

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page.

## **GENERAL CONDITIONS**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

The adopter/buyer must have a valid policy number issued to the pet's owner or no coverage is applicable or available.

Leukemia insurance for cats may be made effective after "you" provide documentation of a negative FeLV test and proper vaccination.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the "application" and/or Declarations Page was in good health and free of illness or injury as of the effective date of the policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed "your" understanding that any expenses from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

## **TERRITORY**

This coverage is valid and only applies to “covered incidents” occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by the “insurer” during the “policy period” by written notice to “you” for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium.

### **Misrepresentation**

The policy shall be terminable if “you” have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to “you”, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

### **Termination by “Insured”**

“You” (the insured policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to “us”.

### **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to “you” by electronic mail via the internet, at “our” option. If “you” choose not to accept electronic delivery of this policy, “you” must immediately notify “us” and arrange for the policy to be mailed or otherwise delivered.

## **TRANSFER OF POLICY**

This policy, while issued to and held by “you”, provides coverage only with respect to the specific pet (“your pet”) designated and described in the “application” for this policy. If ownership of “your pet” is transferred to another person during the “policy period”, continued coverage for “your pet” is subject to a new “application” and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

This policy will not pay for costs “you” incur for:

1. Injury or illness manifested prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.

5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the "veterinarian's" premises or hospital.
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of "your pet".
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with "us".
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

#### **EXPANSION OF POLICY**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

#### **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services".

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with such "covered services".

## **DECLARATIONS**

By accepting this policy, "you" agree that all the statements made by "you" to "us" in the "application" and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements are the entire and only agreements between "you" and "us".





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## PET INSURANCE PAWS PLAN

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### INSURING AGREEMENT

Upon payment of the premium by the "insured", when due and complying with the terms of this policy, the "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth below in the sections of the policy entitled "Benefit Provisions" and "General Conditions". "We" will pay only for "covered services" rendered during the "policy period". Benefits are payable subject to any and all policy conditions and exclusions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

### DEFINITIONS

"Aggregate Limit" shall mean the maximum amount "we" will pay for all covered incidents as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the "insured") had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount that "we" will pay per "covered incident", as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical services provided to or arising from accidental injury or illness affecting "your" pet.

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy, naming "you" as the "insured", specifying the pet with respect to which coverage is being provided and stating the effective date of this policy and/or "policy period". The term shall include the Declarations Page of this policy.

"Insured" shall mean "you, the pet owner/insured policyholder.

"Insurer" shall mean the insurance carrier identified on the Declarations Page of this policy and other pertinent "documents of insurance".

"Policy period" shall mean twelve months from the inception of this policy, unless otherwise specified on the policy's Declarations Page.

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your" pet prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"Waiting period" shall refer to an initial period of 14 days from the inception date of this policy.

"We", "our", or "us" shall mean the insurer.

"You" or "your" shall mean the insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins as of the effective date and time shown on the "documents of insurance" (including the Declarations Page, which forms part of this policy as issued) provided to "you" upon enrollment in the Plan. "We" will not reimburse "you" for illness expenses arising from any incident pertaining to "your pet" occurring within the initial 14-day "waiting period" commencing at policy inception. This 14-day "waiting period" will not apply to accident expenses or any subsequent "policy period" representing a renewal of this policy, if continuous coverage is maintained.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 90% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Benefits are paid for covered expenses as defined in this policy and set forth in the section of the policy entitled "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet".

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page.

## **GENERAL CONDITIONS**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the "application" and/or Declarations Page was in good health and free of illness or injury as of the effective date of policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed "your" understanding that any expenses arising from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

Leukemia insurance for cats may be made effective after "you" provide documentation of a negative FeLV test and proper vaccination.

## **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**

This coverage is valid and only applies to "covered incidents" occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **OTHER INSURANCE**

If at any time a claim is made under this policy for a "covered incident" and there is other insurance applicable, "we" will pay "our" share of the benefits for covered expenses. "Our" share is the proportion that the "Covered Incident Limit" bears to the total benefits available under all applicable insurance.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by "us" during the "policy period" by written notice to "you" for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium. Specific terms and conditions with respect to termination, cancellation and nonrenewal of this policy are set forth in the attached Cancellation and Nonrenewal Endorsement, which is made a part of this policy.

### **Misrepresentation**

The policy shall be terminable if "you" have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to "you, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

"You" (the "insured" policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to "us".

## **TRANSFER OF POLICY**

This policy, while issued to "you", provides coverage only with respect to the specific pet ("your pet" or "the covered pet") designated and described in the "application" for this policy and its Declarations Page. If ownership of "your pet" is transferred to another person during the "policy period", continued coverage for "your pet" is subject to a new "application" and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

Beyond the limits and exclusions pertaining to specific coverages under this policy that have thus far been set forth above, this policy will not pay for costs "you" incur for:

1. Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed "veterinarian" must be submitted to "us" for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.

3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the "veterinarian's" premises or hospital.
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of "your pet".
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with "us".
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

### **EXPANSION OF COVERAGE**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

### **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services", boarding kennel fees, and/or advertising and reward.

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with such "covered services".

#### **DECLARATIONS**

By accepting this policy, "you" agree that all the statements made by "you" to "us" in the "application" and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements comprise the entire agreement between "you" and "us".



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**PET INSURANCE  
SENIORS PLAN POLICY**

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**INSURING AGREEMENT**

Upon payment of the premium by the "insured", when due and complying with the terms of this policy, the "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth below in the sections of the policy entitled "Benefit Provisions" and "General Conditions". "We" will pay only for "covered services" rendered during the "policy period". Benefits are payable subject to any and all policy conditions and exclusions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all covered incidents as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the "insured") had to make payment for a "covered service" under this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical services provided to or arising from accidental injury or illness affecting "your pet".

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy, naming "you" as the "insured", specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or "policy period". The term shall include the Declarations Page of this policy.

"Insured" shall mean "you", the pet owner/"insured" policyholder.

"Insurer" shall mean the insurance carrier identified on the Declarations Page of this policy and other pertinent "documents of insurance".

"Policy period" shall mean twelve months from the inception of this policy, unless otherwise specified in this policy's Declarations Page.

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed "veterinarian".

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"Waiting period" shall refer to an initial period of 30 days from the inception date of this policy.

"We", "our", or "us" shall mean the "insurer".

"You" or "your" shall mean the "insured" policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the application for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins as of the effective date and time shown on the "documents of insurance" (including the Declarations Page, which forms part of this policy as issued) provided to "you" upon enrollment in the Plan. "We" will not reimburse "you" for illness expenses arising from any incident pertaining to "your pet" occurring within the initial 30-day "waiting period" commencing at policy inception. This 30-day "waiting period" will not apply to accident expenses or any subsequent "policy period" representing a renewal of this policy, if continuous coverage is maintained.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 80% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Benefits are paid for covered expenses as defined in this policy and set forth in the section of the policy entitled "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet".

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page.

## **GENERAL CONDITIONS**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the application and/or Declarations Page was in good health and free of illness or injury as of the effective date of policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed your understanding that any expenses arising from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

## **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

Leukemia insurance for cats may be made effective after “you” provide documentation of a negative FeLV test and proper vaccination.

## **TERRITORY**

This coverage is valid and only applies to “covered incidents” occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **OTHER INSURANCE**

If at any time a claim is made under this policy for a “covered incident”, and there is other insurance applicable, “we” will pay “our” share of the benefits for covered expenses. “Our” share is the proportion that the “Covered Incident Limit” bears to the total benefits available under all applicable insurance.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by “us” during the “policy period” by written notice to “you” for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium. Specific terms and conditions with respect to termination, cancellation and nonrenewal of this policy are set forth in the attached Cancellation and Nonrenewal Endorsement, which is made a part of this policy.

### **Misrepresentation**

The policy shall be terminable if “you” have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to “you”, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

### **Termination by “Insured”**

You (the “insured” policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to “us”.

## **TRANSFER OF POLICY**

This policy, while issued to “you”, provides coverage only with respect to the specific pet (“your pet”) designated and described in the application for this policy and its Declarations Page. If ownership of “your pet” is transferred to another person during the “policy period”, continued coverage for “your pet” is subject to a new application and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

Beyond the limits and exclusions pertaining to specific coverages under this policy that have thus far been set forth above, this policy will not pay for costs “you” incur for:

1. Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.



5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the "veterinarian's" premises or hospital.
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of "your pet".
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with "us".
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the policy period.

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

## **EXPANSION OF COVERAGE**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

## **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services", boarding kennel fees, and/or advertising and reward.

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with such "covered services".

#### **DECLARATIONS**

By accepting this policy, "you" agree that all the statements made by "you" to "us" in the application and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements comprise the entire agreement between "you" and "us".



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**PET INSURANCE  
TRAVELFIRST (AUTO COLLISION) PLAN POLICY**

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**INSURING AGREEMENT**

The "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth in the policy. "We" will pay only for "covered services" rendered during the "policy period". Benefits are payable subject to any and all policy exclusions and conditions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all "covered incidents" as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the "insured") had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount that "we" will pay per "covered incident", as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical service arising from "your pet" being injured as a result of riding in a car during an auto collision.

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy naming you as the insured, specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or "policy period".

"Insured" shall mean you, the pet owner/insured policyholder.

"Insurer" shall mean the insurance carrier.

"Policy period" shall mean twelve months from the inception of this policy.

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"We", "our", or "us" shall mean the insurer.

"You" or "your" shall mean the insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins on the effective time and date shown on the "documents of insurance" (including the Declarations page, which forms part of this policy as issued) provided to "you" upon enrollment in the plan.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 100% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Within the policy terms, benefits are paid for "covered services" as defined in this policy in the section entitled, "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet", and extended boarding kennel fees or trip cancellation.

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page. There is no deductible applicable to extended boarding kennel fees or trip cancellation.

## **GENERAL CONDITIONS**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the application and/or declarations page was in good health and free of illness or injury as of the effective date of policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed your understanding that any expenses from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

## **ELECTRONIC DELIVERY**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**

This coverage is valid and only applies to "covered incidents" occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **OTHER INSURANCE**

If at any time a claim is made under this policy for a "covered incident", and there is other insurance applicable, "we" will pay "our" share of the benefits for covered expenses. "Our" share is the proportion that the "Covered Incident Limit" bears to the total benefits available under all applicable insurance.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by the “insurer” during the “policy period” by written notice to “you” for reasons allowable by applicable state law, and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law.

### **Misrepresentation**

The policy shall be terminable if “you” have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to “you”, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

### **Termination by “Insured”**

You (the “insured” policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to “us”.

## **TRANSFER OF POLICY**

This policy, while issued to “you”, provides coverage only with respect to the specific pet (“your pet”) designated and described in the “application” for this policy. If ownership of “your pet” is transferred to another person during the “policy period”, continued coverage for “your pet” is subject to a new “application” and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

This policy will not pay for costs “you” incur for:

1. Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the veterinarian's premises or hospital.
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of “your pet”.
11. Congenital or hereditary defects or diseases.

12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with "us".
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

#### **EXPANSION OF POLICY**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby coverage under this policy is expanded or broadened without any additional premium, this policy will be so expanded.

#### **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services". All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with such "covered services".

#### **DECLARATIONS**

By accepting this policy, "you" agree that all the statements made by "you" to "us" in the "application" and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements are the entire and only agreements between "you" and "us".



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**PET INSURANCE  
WARRANTYFIRST PLAN POLICY**

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**INSURING AGREEMENT**

The "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth in the policy. "We" will pay only for "covered services" rendered during the "policy period". Benefits are payable subject to any and all policy exclusions and conditions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all covered incidents as shown on the Declarations Page of this policy.

"Application" shall mean "your statements and representations to us provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the "insured") had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount that "we" will pay per "covered incident", as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical service provided to or arising from accidental injury or illness affecting "your pet".

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy naming "you" as the "insured", specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or "policy period". The term shall include the Declarations Page of this policy.

"Insured" shall mean the person(s), partnership, corporation or organization specified in the schedule.  
"Insurer" shall mean the insurance carrier.

"Policy period" shall mean 30 days from the date and time the pet is purchased or adopted and is enrolled in coverage under this policy

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" occurring or manifesting prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"We", "our", or "us" shall mean the insurer.

"You" or "your" shall mean insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins at 12:01a.m. following the date the pet is purchased or adopted and enrolled in coverage.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 100% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any deductible.

Coverage is with respect to any pet which "you" have adopted or purchased from a non-profit animal agency such as a humane society, society of prevention of cruelty to animals, animal control, pet specialty store or any other person or entity that is engaged in selling or providing pets for adoption.

Within the policy terms, benefits are paid for "covered incidents" as defined in the section of this policy entitled, "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet".

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page.

## **GENERAL CONDITIONS APPLICABLE**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

Leukemia insurance for cats may be made effective after "you" provide documentation of a negative FeLV test and proper vaccination.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the "application" and/or Declaration Page was in good health and free of illness or injury as of the effective date of the policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed your understanding that any expenses from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

## **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**



This coverage is valid and only applies to “covered incidents” occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by the “insurer” during the “policy period” by written notice to “you” for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium.

### **Misrepresentation**

The policy shall be terminable if “you” have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to “you”, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

### **Termination by “Insured”**

“You” (the “Insured” policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to “us”.

## **TRANSFER OF POLICY**

This policy, while issued to and held by “you”, provides coverage only with respect to the specific pet (“your pet”) designated and described in the “application” for this policy. If ownership of “your pet” is transferred to another person during the “policy period”, continued coverage for “your pet” is subject to a new “application” and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

This policy will not pay for costs “you” incur for:

1. Injury or illness manifested prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.

9. Time and travel expenses to the “veterinarian’s” premises or hospital.
10. Illness or injury, which arises out of racing, coursing, commercial guarding or organized fighting of “your pet”.
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with “us”.
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by “us”.
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with “you”) during the first six (6) months of the “policy period”.

This policy will not provide payment for expenses related to accidental injury to or illness of “your pet” caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

## **EXPANSION OF POLICY**

If “we” make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

## **LOSS CONDITIONS & “INSUREDS” DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, “you” agree to obtain or release all medical records to support claims upon request; furthermore, “you” authorize “us” to obtain all records to support the claim. Upon request “you” will provide “us” with proof of identity of “your pet” as “we” may require.

A loss is payable within 60 days after “we” receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for “covered services”.

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to “you” in connection with such “covered services”.

## **DECLARATIONS**

By accepting this policy, "you" agree that all the statements made by "you" to "us" in the "application" and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements are the entire and only agreements between "you" and "us".

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**BREEDER'S COVERAGE AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number: [P-Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy

The section of the policy entitled **DEFINITIONS** is hereby amended by adding the following definition of "Specified Breeding Conditions":

"Specified Breeding Conditions" shall mean emergency C-sections, infection, eclampsia, and mastitis.

The section of the policy entitled **BENEFIT PROVISIONS** is hereby amended by adding after the first paragraph the following:

"We" also will pay up to \$500 annually for emergency C-sections, infection, eclampsia, and mastitis as it relates to breeding for the bitch.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting item 4. and replacing it with the following:

4. Breeding or conditions relating to breeding not specified in "Benefit Provisions."

**All other terms and conditions of the policy remain the same.**

[AU-Signature]

Authorized Representative Signature



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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**HEREDITARY/CHRONIC/CONGENITAL 25% AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy.

The section of the policy entitled **DEFINITIONS** is hereby amended by adding the definition of "Genetically Transmitted Diseases" as follows:

"Genetically Transmitted Diseases" shall mean diseases that "your pet" has inherited directly through breeding and include conditions such as hip dysplasia.

The section of the policy entitled **BENEFIT PROVISIONS** is hereby amended by adding the following to the end of the first paragraph:

In addition, during each "policy period", "we" will pay up to 25% of the Plan's "covered incident limit" after "your" payment of the applicable deductible for "Genetically Transmitted Diseases" and chronic conditions.

The section of the Policy entitled **GENERAL CONDITIONS** is hereby amended by adding the following to the end of the first paragraph:

Payments for Hereditary/Chronic/Congenital fees are limited to up to 25% of the Plan's "covered incident limit" for each "policy period" if hereditary/chronic/congenital conditions were not apparent prior to the purchase of the policy.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting items 11 and 12.

All other terms and conditions of the policy remain the same.

[AU-Signature]

Authorized Representative Signature

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**HEREDITARY/CHRONIC/CONGENITAL 100% AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy, The section of the policy entitled **DEFINITIONS** is hereby amended by adding the definition of “Genetically Transmitted Diseases” as follows:

“Genetically Transmitted Diseases” shall mean diseases that “your pet” has inherited directly through breeding and include conditions such as hip dysplasia.

The section of the policy entitled **BENEFIT PROVISIONS** is hereby amended by adding the following to the end of the first paragraph:

In addition, during each “policy period”, “we” will pay 100% maximum of the Plan’s covered incident limit” as applied to the amount remaining subsequent to payment of the applicable deductible for “Genetically Transmitted Diseases” and chronic conditions.

The section of the policy entitled **GENERAL CONDITIONS** is hereby amended by adding the following to the end of the first paragraph:

Payments for Hereditary/Chronic/Congenital fees are limited to a maximum of 100% of the Plan’s “covered incident limit” for each “policy period” if hereditary/chronic/congenital conditions were not apparent prior to the purchase of the policy.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting items 11 and 12.

**All other terms and conditions of the policy remain the same.**

[AU-Signature]

Authorized Representative Signature

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**ILLNESS WAITING PERIOD COVERAGE AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy

The section of the Policy entitled **EFFECTIVE DATE** is hereby deleted and replaced by the following:

**EFFECTIVE DATE**

“Your” coverage begins as of the effective date and time shown on the “documents of insurance” (including the Declarations Page, which forms part of this policy as issued) provided to “you” upon enrollment in the Plan.

**All other terms and conditions of Policy remain same.**

[AU-Signature]

Authorized Representative Signature

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**PET RESORT AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy

The section of the policy entitled **EFFECTIVE DATE** is hereby amended by deleting the section in its entirety and replacing it with the following:

**EFFECTIVE DATE**

“Your” coverage begins as of the effective date and time shown on the “documents of insurance” (including the Declarations Page, which forms part of this policy as issued) provided to “you” upon enrollment in the Plan. “We” will not reimburse “you” for routine wellness care (e.g. vaccinations, etc.) pertaining to “your pet” occurring within the initial 14 days of the “policy period”. This 14-day wait will not apply to accident expenses or illness events or to any subsequent policy period representing a renewal of this policy, if continuous coverage is maintained.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by adding the following paragraph:

During the first calendar month in which “your” policy is in effect, no coverage will be extended for the diagnosis or medical management of bronchial tracheitis and/or upper respiratory infection.

**All other terms and conditions of the policy remain the same.**

[AU-Signature]  
Authorized Representative Signature



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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**PRESCRIPTION FOOD AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number: [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy:

The section of the Policy entitled **GENERAL CONDITIONS**

**[AT-PLAN CAPS]** is hereby amended by adding the following to the end of the first paragraph:

“We” will pay 25% of the cost up to the limit of \$250 maximum for the cost of clinical diet food that has been prescribed and supplied by “your” “veterinarian” as part of treatment for an illness/disease. Please be advised that clinical diet food is subject to deductibles and co-pay’s to the extent of the Plan.

The section of the Policy entitled **EXCLUSIONS** is hereby amended by deleting item 5 and replacing it with the following:

5. Vitamins, mineral supplements, grooming costs and bathing (including medicated baths).

**All other terms and conditions of the Policy remain the same.**

[AU-Signature]

Authorized Representative Signature

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**ROUTINE 100 COVERAGE AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy

The section of the policy entitled **DEFINITIONS** is hereby amended by deleting the definition of "Covered Service" and replacing it with the following:

"Covered Service" shall mean expenses incurred from necessary veterinary medical expenses provided to "your pet", arising from accidental injury, specified routine care, and supplemental coverages to the extent of coverage which is set forth in the policy.

The section of the policy entitled **BENEFIT PROVISIONS** is hereby amended by deleting the section in its entirety and replacing it with the following:

**BENEFIT PROVISIONS**

During each "policy period", "we" will pay 90% of "reasonable and customary" expenses per a covered accident or illness expense claim, after "your" payment of the applicable deductible. "We" will also pay up to the annual benefit allowance for the routine "veterinary services" and routine prescription medications listed in the attached Routine Care Benefit Allowance.

The full amount after deductible payment, inclusive of any amount in excess of the per incident limit, will be considered in computing the benefits payable. Benefit payments are also subject to the terms, conditions and general exclusions set forth in any endorsements to this policy.

Benefits are paid for covered expenses as defined in this policy and set forth in the section of the policy entitled **GENERAL CONDITIONS** below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet", boarding kennel fees or advertising and reward.

The section of the policy entitled **DEDUCTIBLE** is hereby amended by deleting the section in its entirety and replacing it with the following:

**DEDUCTIBLE** A \$50.00 deductible shall apply for each covered accident or illness expense during the "policy period". There is no deductible for supplemental coverages as set forth in the policy or for benefits listed in the Routine Care Benefit Allowance.

The section of the policy entitled **GENERAL CONDITIONS** is hereby amended by adding the following to the end of the first paragraph:

The annual limits for routine care coverage and covered routine prescription medication are as listed in the annual benefit allowance column of the Routine Care Benefit Allowance.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting items 14 through 16.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting item 13 and replacing it with the following:

13. Behavioral problems.

#### Routine Care Benefit Allowance

| Procedure   | Annual Benefit |
|---|----------------|
| Veterinarian Exam<br>Includes comprehensive physical exam and professional consultation   | \$15           |
| Vaccinations<br>Canines: DHL-P, Parvovirus, Rabies, Bordetella, Lyme Disease,<br>Corona Virus Felines: FVRCP, FeLV, FIP, Rabies | \$25           |
| Preventative<br>Includes prescription flea control, heartworm preventative test and<br>medication and microchip identification  | \$60           |
| TOTAL ANNUAL BENEFIT ALLOWANCE  | \$100          |

All other terms and conditions of the policy remain the same.

[AU-Signature]

Authorized Representative Signature

---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**ROUTINE 220 CARE COVERAGE AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy

The section of the policy entitled **DEFINITIONS** is hereby amended by deleting the definition of "Covered service" and replacing it with the following:

"Covered service" shall mean expenses incurred from necessary veterinary medical expenses provided to "your pet", arising from accidental injury, specified routine care, and supplemental coverages to the extent of coverage as set forth in the policy.

The section of the policy entitled **BENEFIT PROVISIONS** is hereby amended by deleting the section in its entirety and replacing it with the following:

**BENEFIT PROVISIONS**

During each "policy period", "we" will pay 90% of "reasonable and customary" expenses per "covered incident" claim, after "your" payment of the applicable deductible. "We" also will pay up to the annual benefit allowance for the routine "veterinary services" and routine prescription medications listed in the **ROUTINE CARE BENEFIT ALLOWANCE** provided at the end of this endorsement.

The full amount after deductible payment, inclusive of any amount in excess of the "covered incident limit", will be considered in computing the benefits payable. Benefit payments also are subject to the terms, conditions and general exclusions and limitations set forth in any endorsements to this policy.

Benefits are paid for "covered incidents" as defined in this policy and set forth in the section of the policy entitled **GENERAL CONDITIONS** below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet", boarding kennel fees or advertising and reward.

The section of the policy entitled **DEDUCTIBLE** is hereby amended by deleting the section in its entirety and replacing it with the following:

**DEDUCTIBLE**

A \$50.00 deductible shall apply for each "covered incident" during the "policy period". There is no deductible for supplemental coverages as set forth in the policy or for benefits listed in the **ROUTINE CARE BENEFIT ALLOWANCE**.

The section of the policy entitled **GENERAL CONDITIONS** is hereby amended by adding the following to the end of the first paragraph:

The annual limits for routine care coverage and covered routine prescription medication are as listed in the Annual Benefit column of the **ROUTINE CARE BENEFIT ALLOWANCE**.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting items 14 through 16.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting item 13. and replacing it with the following:

13. Behavioral problems.

#### **ROUTINE CARE BENEFIT ALLOWANCE**

| Procedure   | Annual Benefit |
|---|----------------|
| Veterinarian Exam   | \$20           |
| Includes comprehensive physical exam and professional consultation  |                |
| Vaccinations  | \$50           |
| Canines: DHL-P, Parvovirus, Rabies, Bordetella, Lyme Disease, Corona Virus<br>Felines: FVRCP, FeLV, FIP, Rabies                     |                |
| Preventative  | \$60           |
| Includes prescription flea control, heartworm preventative test and medication and microchip identification                         |                |
| Maintenance   | \$75           |
| Includes spay/neuter, teeth cleaning, comprehensive health screen (such as blood panel, urinalysis and EKG) and behavioral training |                |
| Screens   | \$15           |
| Includes fecal test and FeLV/FIV test   |                |
| TOTAL ANNUAL BENEFIT ALLOWANCE  | \$220          |

All other terms and conditions of the policy remain the same.

[AU-Signature]

Authorized Representative Signature

## SIGNATURE ENDORSEMENT

The Company has caused this policy to be signed by its President and Secretary, but this policy shall not be valid unless countersigned by an authorized representative of the Company, where required.

### American Alternative Insurance Corporation

  
Secretary

  
President



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ARKANSAS POLICY CANCELLATION AND NONRENEWAL ENDORSEMENT**

This endorsement contains Arkansas-specific language and amends the Policy to comply with the requirements of Arkansas law.

This endorsement modifies insurance provided under the following:

Pet Insurance [U-Plan, Policy #, Effective Date]

The **TERMINATION OF INSURANCE** Condition, subparagraph **General** is deleted and replaced with the following:

**GROUND FOR CANCELLATION**

"Policy cancellation" means cancellation of "your" coverage on a property risk ("your pet") that has been in force over sixty (60) days or after the effective date of a renewal policy. Such cancellation shall be effective only if it is based upon at least one (1) of the following reasons:

- (1) Nonpayment of premium;
- (2) Fraud or material misrepresentation made by or with "your" knowledge in obtaining the policy, continuing the policy, or in presenting a claim under the policy;
- (3) The occurrence of a material change in the risk that substantially increases any hazard insured against after policy issuance;
- (4) Nonpayment of membership dues in those cases in which the bylaws, agreements, or other legal instruments of the insurer issuing the policy require payment as a condition of the issuance and maintenance of the policy; or
- (5) "Your" material violation of a material provision of the policy.

**NOTICE OF CANCELLATION**

If "we" cancel "your" policy, "we" will give you forty-five (45) days' written notice except "we" will give you ten (10) days' written notice where the reason for cancellation is nonpayment of premium.

**REFUND OF PREMIUM UPON CANCELLATION**

If "we" cancel "your" policy, any unearned premium shall be returned to "you" on a pro-rata basis unless stated otherwise in the policy form.

### **NOTICE OF RENEWAL OR NONRENEWAL**

At least forty-five (45) days before the end of the policy term, "we" shall mail or deliver to "you" at "your" last known address a renewal policy, an offer to renew the current policy or a notice of nonrenewal. Such information shall also be mailed, delivered or transmitted electronically to the producer of record's last known address.

The notice of nonrenewal shall clearly state the specific reason or reasons for the nonrenewal.

An offer to renew the policy shall state the renewal premium and the date the premium is due. The renewal premium shall be based on the known exposure as of the date of the offer to renew. The premium on the renewal policy may be subsequently amended to reflect any change in exposure not considered in the offer to renew. If the renewal premium is not received by the due date or the policy expiration date, whichever is later, the policy shall lapse.

If "we" fail to comply with the notice requirements of this section, "your" policy shall be extended on the same terms and conditions for another policy term or until the effective date of similar insurance procured by "you", whichever is earlier. Continued coverage shall be contingent upon the payment of premium.

Renewal of "your" policy does not constitute a waiver or estoppel with respect to grounds for cancellation that existed before the effective date of the renewal.

### **IMMUNITY**

For a communication giving notice of or specifying the reasons for a termination or for any statement made in connection with an attempt to discover or verify the existence of conditions that would be a reason for a termination, there shall be no liability on the part of and no cause of action shall arise against:

- (1) "Us" or "our" authorized representatives, producers or employees;
- (2) A licensed insurance producer or broker; or
- (3) A person furnishing information to "us" as to reasons for a termination or declination.

This section shall not apply to statements made in other than good faith.

### **PROOF OF MAILING**

The following constitute proof of mailing of a notice of cancellation or nonrenewal:

- (1) A United States Certificate of Mailing for the notice mailed;
- (2) A United States Postal Service certified mailing receipt, signed by or on behalf of "you";
- (3) Evidence of receipt by or on behalf of "you" from a reputable mail delivery service.

All other terms and conditions of this policy shall remain unchanged.





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ARKANSAS STATE AMENDATORY ENDORSEMENT**

This endorsement contains Arkansas-specific language and amends the Policy to comply with the requirements of Arkansas law.

This endorsement modifies insurance provided under the following:

Pet Insurance [U-Plan, Policy #, Effective Date]

The second paragraph of **LOSS CONDITIONS & INSURED DUTIES** is deleted in its entirety and replaced with the following:

**FURNISHING CLAIM FORMS OR PROOF OF LOSS FORMS**

If "you" have a loss under an insurance contract issued by "us", "we" shall furnish "you" with a claim form or a proof of loss form, within twenty (20) days after the loss has been reported to "us" but "we" shall not, by reason of the requirement to furnish forms, have any responsibility for or with reference to the manner of completion or attempted completion.

However, "our" failure to furnish the form(s) within twenty (20) days after the loss has been reported to "us" shall constitute a waiver of proof of loss requirements, and "we" may not thereafter require a proof of loss.

**STANDARDS FOR PROMPT, FAIR AND EQUITABLE CLAIM'S SETTLEMENT**

Within fifteen (15) working days after "our" receipt of a completed claim form or properly executed proof of loss, "we" shall advise "you" of "our" acceptance or denial of the claim. "We" shall not deny a claim on the grounds of a specific policy provision, condition, or exclusion unless reference to such provision, condition, or exclusion is included in the denial. The denial must be given to "you" in writing.

If "we" need more time to determine whether "your" claim should be accepted or denied, "we" shall notify "you" in writing within fifteen (15) working days after receipt of the completed claim form or executed proof of loss form, stating the reason or reasons more time is needed. If the investigation remains incomplete, "we" shall, within forty-five (45) calendar days from the date of the initial notification and every forty-five (45) calendar days thereafter, send "you" a letter setting forth the reason or reasons additional time is needed for investigation.

Where there is a reasonable basis supported by specific information that "you" may have fraudulently caused or contributed to the loss and such evidence is available for review by the Arkansas Insurance Department, "we" shall be relieved from meeting the time requirements for advising "you" of acceptance or denial of the claim. However, "you" shall be advised of the acceptance or denial of the claim within a reasonable time following a full investigation.

"We" shall mail the claim payment to "you" within ten (10) working days after "we" have received all necessary claims information including the actual itemized receipts that have been paid in full for "covered services", and all claim investigations are completed.

All other terms and conditions of this policy shall remain unchanged.

|                                 |   |                               |                                    |
|---------------------------------|---|-------------------------------|------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>FRCS-125722241</i>                                     | <i>State:</i>                 | <i>Arkansas</i>                    |
| <i>Filing Company:</i>          | <i>American Alternative Insurance Corp</i>                | <i>State Tracking Number:</i> | <i>EFT \$50</i>                    |
| <i>Company Tracking Number:</i> | <i>4940</i>   |                               |                                    |
| <i>TOI:</i>                     | <i>09.0 Inland Marine</i>                                 | <i>Sub-TOI:</i>               | <i>09.0004 Pet Insurance Plans</i> |
| <i>Product Name:</i>            | <i>Pet Health Policies, Supplemental Forms and Rating</i> |                               |                                    |
| <i>Project Name/Number:</i>     | <i>AAIC/61/61</i>   |                               |                                    |

## **Rate Information**

Rate data does NOT apply to filing.

|                          |  |                        |                             |
|--------------------------|--|------------------------|-----------------------------|
| SERFF Tracking Number:   | FRCS-125722241                                     | State:                 | Arkansas                    |
| Filing Company:          | American Alternative Insurance Corp                | State Tracking Number: | EFT \$50                    |
| Company Tracking Number: | 4940   |                        |                             |
| TOI:                     | 09.0 Inland Marine                                 | Sub-TOI:               | 09.0004 Pet Insurance Plans |
| Product Name:            | Pet Health Policies, Supplemental Forms and Rating |                        |                             |
| Project Name/Number:     | AAIC/61/61   |                        |                             |

## Supporting Document Schedules

|                         |  |                       |          |            |
|-------------------------|--|-----------------------|----------|------------|
| <b>Satisfied -Name:</b> | Uniform Transmittal Document-Property & Casualty | <b>Review Status:</b> | Approved | 12/03/2008 |
| <b>Comments:</b>        |  |                       |          |            |
| <b>Attachment:</b>      | F777AR_021307.pdf                                |                       |          |            |
| <b>Satisfied -Name:</b> | Authorization                                    | <b>Review Status:</b> | Approved | 12/03/2008 |
| <b>Comments:</b>        |  |                       |          |            |
| <b>Attachment:</b>      | Authorization - dist.pdf                         |                       |          |            |
| <b>Satisfied -Name:</b> | Warrenty First Plan Policy                       | <b>Review Status:</b> | Approved | 12/03/2008 |
| <b>Comments:</b>        |  |                       |          |            |
| <b>Attachment:</b>      | AR - -PH 2012 _11-08_ WARRANTYFIRST.pdf          |                       |          |            |
| <b>Satisfied -Name:</b> | Amendatory Endorsements                          | <b>Review Status:</b> | Approved | 12/03/2008 |
| <b>Comments:</b>        |  |                       |          |            |
| <b>Attachments:</b>     | AR - PH 2017 _11-08_ Rider 25% Heredity.pdf      |                       |          |            |
|                         | AR - PH 2022_11-08_ Rider Routine 100Care.pdf    |                       |          |            |
|                         | AR - PH 2023_11-08_ Rider Routine 220Care.pdf    |                       |          |            |

## Property & Casualty Transmittal Document

**1. Reserved for Insurance Dept. Use Only**
**2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

**3. Group Name**
**Group**

Munich Reinsurance Company

361

**4. Company Name(s)**
**Domicile**
**NAIC #**
**FEIN #**
**State #**

American Alternative Insurance Corporation

19720

52-2048110

**5. Company Tracking Number**

4940

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

**6. Name and address**
**Title**
**Telephone #s**
**FAX #**
**e-mail**

Diane Lindsey, CPCU, 1020 Central, Suite 201, Kansas City, Missouri, 64105-1670

Senior Compliance Specialist-

816-391-2734

816-391-2755

diane.lindsey@firstconsulting.com

**7. Signature of authorized filer**

**8. Please print name of authorized filer**

Diane Lindsey, CPCU

**Filing information** (see General Instructions for descriptions of these fields)

**9. Type of Insurance (TOI)**

9

**10. Sub-Type of Insurance (Sub-TOI)**

9.0004

**11. State Specific Product code(s) (if applicable)[See State Specific Requirements]**
**12. Company Program Title** (Marketing title)

Pet Insurance Filing

**13. Filing Type**

Rate/Loss Cost

☐ Ru☐ Rates/Rules☒ Forms☐ Combination

Rates/Rules/Forms

☐ Withdrawal☐

Other (give description)

**14. Effective Date(s) Requested**

New: 7/1/2008

Renewal:

**15. Reference Filing?**
☐ Yes☒ No
**16. Reference Organization** (if applicable)

N/A

**17. Reference Organization # & Title**

N/A

**18. Company's Date of Filing**
**19. Status of filing in domicile**
☒

Not Filed

☐

Pending

☐ Authoriz☐

Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 4940

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

This filing is being submitted by First Consulting and Administration, Inc. on behalf of American Alternative Insurance Corporation (AAIC).

A signed Third Party Authorization letter is attached.

The requested effective date is 7/01/08. However, AAIC prefers an earlier effective date coincident with the date of your approval, if approval occurs prior to 7/1/08.

The filing is being submitted in accordance with the filing laws and regulations of your jurisdiction.

With this filing, AAIC is introducing a pet insurance product. This product provides coverage that reimburses the pet owner for expenses incurred and arising from covered incidents and services. The various Plans are described below:

CORE PLANS

1. Basic Plan - During a policy year, this plan covers (1) accidental injury or illness of the pet; (2) boarding kennel fees; and (3) advertising and reward expenses.

2. Preferred Plan - During a policy year , this plan covers (1) accidental injury or illness of the pet; (2) boarding kennel fees; (3) advertising and reward expenses; (4) loss by theft or straying; and (5) trip cancellation.

3. Preferred Plus Plan - During a policy year, this plan covers (1) accidental injury or illness of the pet; (2) boarding kennel fees; (3) advertising and

LIMITED PLANS

1. EmergencyFirst Plan - During a policy year, the basic limits of liability are for all claims arising from life-threatening accidental injury while the pet

2. Adoption Plan -During a policy year, the basic limits of liability are for claims arising from accidental injury or illness of a pet adopted from a huma

3. WarrantyFirst Plan -During a policy period of 30 days, the basic limits of liability are for claims arising from accidental injury or illness of a pet that

4. MyFirst Plan -During a policy year, the basic limits of liability are for claims arising from accidental injury or illness of a pet adopted from a human

|  |
|--|
| 5. FirstCoverage Plan - During a policy year, the basic limits of liability are for claims arising from accidental injury or illness of a pet.   |
| 6. TravelFirst Plan - During a policy year, the basic limits of liability are for claims arising from an accident arising from a pet being injured as a result of travel.  |
| 7. AccidentFirst Plan - During a policy year, the basic limits of liability are for claims from an accidental injury of a pet.   |
| 8. SeniorsFirst Plan - During a policy year, the basic limits of liability are for claims arising from accidental injury or illness of a pet older than 10 years.  |
| 9. Paws Plan Policy - During a policy year, the basic limits of liability are for claims arising from accidental injury or illness of a pet.   |
| Coverage Options   |
| Insureds may elect to purchase additional coverage for:  |
| <ul style="list-style-type: none"> <li>• Routine veterinary and related expenses</li> <li>• Breeders' veterinary care and related expenses</li> <li>• Prescription Food coverage</li> <li>• Hereditary/Chronic coverage</li> </ul> |
| In addition, there are two waivers that can be added by AAIC :   |
| <ul style="list-style-type: none"> <li>• Pet Resort amends the 14 day wait on illness for boarded pets.</li> <li>• Illness Wait waiver to any policy with a 14-day waiting period on Illness.</li> </ul>                           |
| RATES  |
| The rates and coverages of competitors were reviewed as the initial basis to develop rates, with heavy reliance on VPI Pet Insurance, which is the closest competitor.   |
| All plans cover numerous medical problems and conditions related to accidental injuries, emergencies, poisonings and illnesses, including cancer.  |
| Thank you. Please advise if you have any additional questions or require additional information  |

|  |   |
|--|---|
| <b>22.</b>   | <b>Filing Fees</b> (Filer must provide check # and fee amount if applicable)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
| <div> <b>Check #:</b> EFT<br/> <b>Amount:</b> </div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> |   |
| <b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>             |   |

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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555 College Road East  
Princeton, NJ 08543-5241

Phone: 800-305-4954  
Fax: 609-275-2147

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April 2, 2008

To Whom it May Concern:

RE: Letter of Filing Authorization  
American Alternative Insurance Corporation (AAIC) – NAIC No. 0361-19720  
Filing Authority: Pet Health Insurance

Dear Sir/Madam:

This letter hereby authorizes First Consulting and Administration, Inc. to submit Pet Health Insurance rate, rule and form filings, on behalf of American Alternative Insurance Corporation (AAIC), to the appropriate state insurance departments or bureaus and to participate in all related communications needed to secure approval or acknowledgment from such departments or bureaus.

This authorization shall remain in effect unless we revoke it in writing.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen J. Corbett", with a long horizontal flourish extending to the right.

Stephen J. Corbett, CPCU  
Vice President of Product Support  
American Alternative Insurance Corporation  
555 College Road East  
Princeton, NJ 08543  
Te. #: (609)243-5620  
[scorbett@munichreamerica.com](mailto:scorbett@munichreamerica.com)

cc: D. Umphress  
D. Di Matteo

ADMINISTRATIVE OFFICE  
555 College Road East, Princeton, New Jersey 08543-5241  
(800) 305-4954

---

**PET INSURANCE  
WARRANTYFIRST PLAN POLICY**

---

**INSURING AGREEMENT**

The “insurer” agrees to reimburse the “insured” for “covered services” to the extent set forth in the policy. “We” will pay only for “covered services” rendered during the “policy period”. Benefits are payable subject to any and all policy exclusions and conditions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine “your” rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

“Aggregate Limit” shall mean the maximum amount “we” will pay for all covered incidents as shown on the Declarations Page of this policy.

“Application” shall mean “your statements and representations to us provided by “you” in the enrollment process in response to “our” standard questions and data requests to “you” as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

“Covered incident” shall mean an occurrence wherein “you” (the “insured”) had to make payment for a “covered service” under this policy.

“Covered Incident Limit” shall mean the maximum amount that “we” will pay per “covered incident”, as shown on the Declarations Page of this policy.

“Covered service” shall mean expenses incurred from necessary veterinary medical service provided to or arising from accidental injury or illness affecting “your pet”.

“Document of insurance” shall mean any document issued to “you” by “us” in connection with this policy naming “you” as the “insured”, specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or “policy period”. The term shall include the Declarations Page of this policy.

“Insured” shall mean the person(s), partnership, corporation or organization specified in the schedule.  
“Insurer” shall mean the insurance carrier.

“Policy period” shall mean 30 days from the date and time the pet is purchased or adopted and is enrolled in coverage under this policy

“Pre-existing condition” shall mean any illness, condition requiring medical treatment, or injury affecting “your pet” occurring or manifesting prior to the inception date of this policy.

“Reasonable & Customary” shall refer to published industry guidelines, such as the American Animal Hospital Association’s fee reference guide for “veterinarians”.



"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"We", "our", or "us" shall mean the insurer.

"You" or "your" shall mean insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins at 12:01a.m. following the date the pet is purchased or adopted and enrolled in coverage.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 100% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any deductible.

Coverage is with respect to any pet which "you" have adopted or purchased from a non-profit animal agency such as a humane society, society of prevention of cruelty to animals, animal control, pet specialty store or any other person or entity that is engaged in selling or providing pets for adoption.

Within the policy terms, benefits are paid for "covered incidents" as defined in the section of this policy entitled, "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet".

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page.

## **GENERAL CONDITIONS APPLICABLE**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

Leukemia insurance for cats may be made effective after "you" provide documentation of a negative FeLV test and proper vaccination.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the "application" and/or Declaration Page was in good health and free of illness or injury as of the effective date of the policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed your understanding that any expenses from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

## **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**

This coverage is valid and only applies to “covered incidents” occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by the “insurer” during the “policy period” by written notice to “you” for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium.

### **Misrepresentation**

The policy shall be terminable if “you” have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to “you”, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

### **Termination by “Insured”**

“You” (the “Insured” policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to “us”.

## **TRANSFER OF POLICY**

This policy, while issued to and held by “you”, provides coverage only with respect to the specific pet (“your pet”) designated and described in the “application” for this policy. If ownership of “your pet” is transferred to another person during the “policy period”, continued coverage for “your pet” is subject to a new “application” and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

This policy will not pay for costs “you” incur for:

1. Injury or illness manifested prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.

8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the "veterinarian's" premises or hospital.
10. Illness or injury, which arises out of racing, coursing, commercial guarding or organized fighting of "your pet".
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with "us".
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

#### **EXPANSION OF POLICY**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

#### **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services".

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with such "covered services".

## **DECLARATIONS**

By accepting this policy, "you" agree that all the statements made by "you" to "us" in the "application" and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements are the entire and only agreements between "you" and "us".



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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**HEREDITARY/CHRONIC/CONGENITAL 25% AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy.

The section of the policy entitled **DEFINITIONS** is hereby amended by adding the definition of "Genetically Transmitted Diseases" as follows:

"Genetically Transmitted Diseases" shall mean diseases that "your pet" has inherited directly through breeding and include conditions such as hip dysplasia.

The section of the policy entitled **BENEFIT PROVISIONS** is hereby amended by adding the following to the end of the first paragraph:

In addition, during each "policy period", "we" will pay up to 25% of the Plan's "covered incident limit" after "your" payment of the applicable deductible for "Genetically Transmitted Diseases" and chronic conditions.

The section of the Policy entitled **GENERAL CONDITIONS** is hereby amended by adding the following to the end of the first paragraph:

Payments for Hereditary/Chronic/Congenital fees are limited to up to 25% of the Plan's "covered incident limit" for each "policy period" if hereditary/chronic/congenital conditions were not apparent prior to the purchase of the policy.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting items 11 and 12.

All other terms and conditions of the policy remain the same.

[AU-Signature]

Authorized Representative Signature

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**ROUTINE 100 COVERAGE AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy

The section of the policy entitled **DEFINITIONS** is hereby amended by deleting the definition of "Covered Service" and replacing it with the following:

"Covered Service" shall mean expenses incurred from necessary veterinary medical expenses provided to "your pet", arising from accidental injury, specified routine care, and supplemental coverages to the extent of coverage which is set forth in the policy.

The section of the policy entitled **BENEFIT PROVISIONS** is hereby amended by deleting the section in its entirety and replacing it with the following:

**BENEFIT PROVISIONS**

During each "policy period", "we" will pay 90% of "reasonable and customary" expenses per a covered accident or illness expense claim, after "your" payment of the applicable deductible. "We" will also pay up to the annual benefit allowance for the routine "veterinary services" and routine prescription medications listed in the attached Routine Care Benefit Allowance.

The full amount after deductible payment, inclusive of any amount in excess of the per incident limit, will be considered in computing the benefits payable. Benefit payments are also subject to the terms, conditions and general exclusions set forth in any endorsements to this policy.

Benefits are paid for covered expenses as defined in this policy and set forth in the section of the policy entitled **GENERAL CONDITIONS** below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet", boarding kennel fees or advertising and reward.

The section of the policy entitled **DEDUCTIBLE** is hereby amended by deleting the section in its entirety and replacing it with the following:

**DEDUCTIBLE**

A \$50.00 deductible shall apply for each covered accident or illness expense during the "policy period". There is no deductible for supplemental coverages as set forth in the policy or for benefits listed in the Routine Care Benefit Allowance.

The section of the policy entitled **GENERAL CONDITIONS** is hereby amended by adding the following to the end of the first paragraph:

The annual limits for routine care coverage and covered routine prescription medication are as listed in the annual benefit allowance column of the Routine Care Benefit Allowance.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting items 14 through 16.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting item 13 and replacing it with the following:

13. Behavioral problems.

#### Routine Care Benefit Allowance

| Procedure   | Annual Benefit |
|---|----------------|
| Veterinarian Exam<br>Includes comprehensive physical exam and professional consultation   | \$15           |
| Vaccinations<br>Canines: DHL-P, Parvovirus, Rabies, Bordetella, Lyme Disease,<br>Corona Virus Felines: FVRCP, FeLV, FIP, Rabies | \$25           |
| Preventative<br>Includes prescription flea control, heartworm preventative test and medication and microchip identification     | \$60           |
| TOTAL ANNUAL BENEFIT ALLOWANCE  | \$100          |

All other terms and conditions of the policy remain the same.

[AU-Signature]

Authorized Representative Signature

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**ROUTINE 220 CARE COVERAGE AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy

The section of the policy entitled **DEFINITIONS** is hereby amended by deleting the definition of "Covered service" and replacing it with the following:

"Covered service" shall mean expenses incurred from necessary veterinary medical expenses provided to "your pet", arising from accidental injury, specified routine care, and supplemental coverages to the extent of coverage as set forth in the policy.

The section of the policy entitled **BENEFIT PROVISIONS** is hereby amended by deleting the section in its entirety and replacing it with the following:

**BENEFIT PROVISIONS**

During each "policy period", "we" will pay 90% of "reasonable and customary" expenses per "covered incident" claim, after "your" payment of the applicable deductible. "We" also will pay up to the annual benefit allowance for the routine "veterinary services" and routine prescription medications listed in the **ROUTINE CARE BENEFIT ALLOWANCE** provided at the end of this endorsement.

The full amount after deductible payment, inclusive of any amount in excess of the "covered incident limit", will be considered in computing the benefits payable. Benefit payments also are subject to the terms, conditions and general exclusions and limitations set forth in any endorsements to this policy.

Benefits are paid for "covered incidents" as defined in this policy and set forth in the section of the policy entitled **GENERAL CONDITIONS** below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet", boarding kennel fees or advertising and reward.

The section of the policy entitled **DEDUCTIBLE** is hereby amended by deleting the section in its entirety and replacing it with the following:

**DEDUCTIBLE**

A \$50.00 deductible shall apply for each "covered incident" during the "policy period". There is no deductible for supplemental coverages as set forth in the policy or for benefits listed in the **ROUTINE CARE BENEFIT ALLOWANCE**.



The section of the policy entitled **GENERAL CONDITIONS** is hereby amended by adding the following to the end of the first paragraph:

The annual limits for routine care coverage and covered routine prescription medication are as listed in the Annual Benefit column of the **ROUTINE CARE BENEFIT ALLOWANCE**.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting items 14 through 16.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting item 13. and replacing it with the following:

13. Behavioral problems.

#### **ROUTINE CARE BENEFIT ALLOWANCE**

| Procedure   | Annual Benefit |
|---|----------------|
| Veterinarian Exam   | \$20           |
| Includes comprehensive physical exam and professional consultation  |                |
| Vaccinations  | \$50           |
| Canines: DHL-P, Parvovirus, Rabies, Bordetella, Lyme Disease, Corona Virus<br>Felines: FVRCP, FeLV, FIP, Rabies                     |                |
| Preventative  | \$60           |
| Includes prescription flea control, heartworm preventative test and medication and microchip identification                         |                |
| Maintenance   | \$75           |
| Includes spay/neuter, teeth cleaning, comprehensive health screen (such as blood panel, urinalysis and EKG) and behavioral training |                |
| Screens   | \$15           |
| Includes fecal test and FeLV/FIV test   |                |
| TOTAL ANNUAL BENEFIT ALLOWANCE  | \$220          |

All other terms and conditions of the policy remain the same.

[AU-Signature]

Authorized Representative Signature

|                                 |   |                               |                                    |
|---------------------------------|---|-------------------------------|------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>FRCS-125722241</i>                                     | <i>State:</i>                 | <i>Arkansas</i>                    |
| <i>Filing Company:</i>          | <i>American Alternative Insurance Corp</i>                | <i>State Tracking Number:</i> | <i>EFT \$50</i>                    |
| <i>Company Tracking Number:</i> | <i>4940</i>   |                               |                                    |
| <i>TOI:</i>                     | <i>09.0 Inland Marine</i>                                 | <i>Sub-TOI:</i>               | <i>09.0004 Pet Insurance Plans</i> |
| <i>Product Name:</i>            | <i>Pet Health Policies, Supplemental Forms and Rating</i> |                               |                                    |
| <i>Project Name/Number:</i>     | <i>AAIC/61/61</i>   |                               |                                    |

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| <b>Original Date:</b> | <b>Schedule</b> | <b>Document Name</b>                                     | <b>Replaced Date</b> | <b>Attach Document</b>                          |
|-----------------------|-----------------|--|----------------------|---|
| No original date      | Form            | Basic Plan Policy  | 07/03/2008           | Basic Policy - 4-16_DL042208_.pdf               |
| No original date      | Form            | TravelFirst (Auto Collision) Plan Policy                 | 07/03/2008           | TravelFirstAuto 4-16_DL042108_.pdf              |
| No original date      | Form            | WarrantyFirst Plan Policy                                | 07/03/2008           | WARRANTYFIR<br>ST DXL REV<br>061208.pdf         |
| No original date      | Form            | Hereditary/Chronic/Congenital 25% Amendatory Endorsement | 07/03/2008           | Rider 25<br>Heredity 4-16_DL041708_.pdf         |
| No original date      | Form            | Routine 100 Coverage Amendatory Endorsement              | 07/03/2008           | Rider Routine<br>100Care Final<br>_0417080.pdf  |
| No original date      | Form            | Routine 220 Care Coverage Amendatory Endorsement         | 07/03/2008           | Rider Routine<br>220Care 4-16<br>_DL041708_.pdf |
| No original date      | Form            | AR Cancellation Nonrenewal                               | 07/03/2008           | AR -Cancellation<br>Nonrenewal                  |

|                                 |   |                               |                                    |
|---------------------------------|---|-------------------------------|------------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>FRCS-125722241</i>                                     | <i>State:</i>                 | <i>Arkansas</i>                    |
| <i>Filing Company:</i>          | <i>American Alternative Insurance Corp</i>                | <i>State Tracking Number:</i> | <i>EFT \$50</i>                    |
| <i>Company Tracking Number:</i> | <i>4940</i>   |                               |                                    |
| <i>TOI:</i>                     | <i>09.0 Inland Marine</i>                                 | <i>Sub-TOI:</i>               | <i>09.0004 Pet Insurance Plans</i> |
| <i>Product Name:</i>            | <i>Pet Health Policies, Supplemental Forms and Rating</i> |                               |                                    |
| <i>Project Name/Number:</i>     | <i>AAIC/61/61</i>   |                               |                                    |

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ADMINISTRATIVE OFFICE  
555 College Road East, Princeton, New Jersey 08543-5241  
(800) 305-4954

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**PET INSURANCE  
BASIC PLAN POLICY**

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**INSURING AGREEMENT**

Upon payment of the premium by the "insured", when due and complying with the terms of this policy, the "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth below in the sections of this policy entitled "Benefit Provisions" and "General Conditions". "We" will pay only for "covered services" rendered during the "policy period." Benefits are payable subject to any and all policy conditions and exclusions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all "covered incidents" as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the "insured") had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount "we" will pay per "covered incident", as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical services provided "our pet" arising from accidental injury or illness affecting "your pet", boarding kennel fees, or advertising and reward expenses.

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy, naming "you" as the "insured", specifying "your pet" with respect to which coverage is being provided and stating the effective date of the policy and/or "policy period". This term shall include the Declarations Page of this policy.

"Insured" shall mean "you", the pet owner/"insured" policyholder.

"Insurer" shall mean the insurance carrier identified on the Declarations Page of this policy and other pertinent "documents of insurance".

"Policy period" shall mean the twelve months from the inception of this policy, unless otherwise specified on the Declarations Page of this policy.

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"Waiting period" shall refer to an initial period of 14 days from the inception date of this policy.

"We", "our", or "us" shall mean the "insurer".

"You" or "your" shall mean the insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the application for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins as of the effective date and time shown on the "documents of insurance" (including the Declarations Page, which forms part of this policy as issued) provided to "you" upon enrollment in the Plan. "We" will not reimburse "you" for illness expenses arising from any incident pertaining to "your pet" occurring within the initial 14-day "waiting period" commencing at policy inception. This 14-day "waiting period" will not apply to accident expenses or any subsequent "policy period" representing a renewal of this policy, if continuous coverage is maintained.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 90% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Benefits are paid for "covered services" as defined in this policy and set forth in the section of this policy entitled, "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet", boarding kennel fees or advertising and reward.

Boarding Kennel Fees: If "you", the "insured", are hospitalized for more than 96 hours, "we" will pay for "your pet's" boarding fees, up to the applicable Boarding Kennel Fees Limit as shown on the Declarations Page. This policy benefit is applicable if during the "policy period" "you" are ill or injured and have to go into the hospital for more than 96 hours and "your pet" stays in a licensed boarding facility while "you" are in the hospital.

**"WE" WILL NOT PAY FOR:** boarding or kennel fees if "you" are hospitalized for less than 96 hours or are otherwise detained and unable to attend to "your pet".

Advertising & Reward: If "your pet" is lost or stolen, "we" will pay for local newspaper advertising and a reward subject to the Advertising and Reward Limit shown on the Declarations Page.

If "you" try to find "your pet" after it is stolen or strays, "we" will reimburse you for Advertising Expenses and Rewards subject to the Advertising and Reward Limit as shown on the Declarations Page. Payment arrangements or costs pertaining to an effort to find or recover "your pet" are subject to prior approval by "us" in order to be eligible for this coverage.

**"WE" WILL NOT PAY FOR:** advertising, recovery or reward costs that have not been submitted for "our" review and given "our" prior approval. This Advertising and Reward benefit is not applicable if "your pet" is stolen or strays within 14 days of policy inception.

## **DEDUCTIBLE**

A deductible shall apply to each “covered incident” during the “policy period”, as shown on the Declarations Page. There is no deductible applicable to Boarding Kennel Fees and Advertising and Reward.

## **GENERAL CONDITIONS**

Payments for “covered services” are limited to the “Covered Incident Limit” and the “Aggregate Limit” as shown on the Declarations Page.

Payments for boarding kennel fees are limited as shown on the Declarations Page.

Payments for covered advertising and reward expenses are limited as shown on the Declarations Page.

The “Aggregate Limit” for all coverages provided by this policy for “covered services” is shown on the Declarations Page.

Expenses arising from “pre-existing conditions” are not covered by this policy. In the original application for this insurance, “you” have either represented that “your pet” as specified and described in the application and/or Declarations Page was in good health and free of illness or injury as of the effective date of this policy, or “you” have disclosed a specific “pre-existing condition” or conditions and by accepting this policy have affirmed “your” understanding that any expenses arising from treatment of such “pre-existing condition(s)” shall not be covered under this policy.

Leukemia insurance for cats may be made effective after “you” provide documentation of a negative FeLV test and proper vaccination.

## **ELECTRONIC DELIVERY**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to “you” by electronic mail via the internet, at the “our” option. If “you” choose not to accept electronic delivery of this policy, “you” must immediately notify the “us” and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**

This coverage is valid and only applies to “covered incidents” occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **OTHER INSURANCE**

If at any time a claim is made under this policy for a “covered incident”, and there is other insurance applicable, “we” will pay “our” share of the benefits for covered expenses. “Our” share is the proportion that the “Covered Incident Limit” bears to the total benefits available under all applicable insurance.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by “us” during the “policy period” by written notice to “you” for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium. Specific terms and conditions with respect to termination, cancellation and nonrenewal of this policy are set forth in the attached Cancellation and Nonrenewal Endorsement, which is made a part of this policy.

### **Misrepresentation**

The policy shall be terminable if “you” have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof or committed any fraud or false swearing relating thereto.

Such cancellation will be effected pursuant to written notice to “you”, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

#### **Termination by “Insured”**

“You” (the “insured” policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to “us”.

#### **TRANSFER OF POLICY**

This policy, while issued to “you”, provides coverage only with respect to the specific pet (“your pet” or “the covered pet”) designated and described in the application for this policy and its Declarations Page. If ownership of “your pet” is transferred to another person during the “policy period”, continued coverage for “your” pet” is subject to a new application and to applicable underwriting rules.

#### **EXCLUSIONS AND LIMITATIONS**

Beyond the exclusions and limitations pertaining to specific coverages under this policy that have thus far been set forth above, this policy will not pay for costs “you” incur for:

1. Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the veterinarian’s premises or hospital.
10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of “your pet”.
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with “us”.
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.



16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

#### **EXPANSION OF COVERAGE**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements, or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

#### **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services", boarding kennel fees, and/or advertising and reward.

All claims must be submitted to "us" in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with such "covered services".

#### **DECLARATIONS**

By accepting this policy, "you" agree that all the statements made by "you" to "us" in the application and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements comprise the entire agreement between "you" and "us".



ADMINISTRATIVE OFFICE  
555 College Road East, Princeton, New Jersey 08543-5241  
(800) 305-4954

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**PET INSURANCE  
TRAVELFIRST (AUTO COLLISION) PLAN POLICY**

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**INSURING AGREEMENT**

The "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth in the policy. "We" will pay only for "covered services" rendered during the "policy period". Benefits are payable subject to any and all policy exclusions and conditions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all "covered incidents" as shown on the Declarations Page of this policy.

"Application" shall mean "your" statements and representations to "us" provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the "insured") had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount that "we" will pay per "covered incident", as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical service arising from "your pet" being injured as a result of riding in a car during an auto collision.

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy naming you as the insured, specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or "policy period".

"Insured" shall mean you, the pet owner/insured policyholder.

"Insurer" shall mean the insurance carrier.

"Policy period" shall mean twelve months from the inception of this policy.

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"We", "our", or "us" shall mean the insurer.

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"You" or "your" shall mean the insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins on the effective time and date shown on the "documents of insurance" (including the Declarations page, which forms part of this policy as issued) provided to "you" upon enrollment in the plan.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 100% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any applicable deductible.

Within the policy terms, benefits are paid for "covered services" as defined in this policy in the section entitled, "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet", and extended boarding kennel fees or trip cancellation.

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page. There is no deductible applicable to extended boarding kennel fees or trip cancellation.

## **GENERAL CONDITIONS**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the application and/or declarations page was in good health and free of illness or injury as of the effective date of policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed your understanding that any expenses from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

### **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**

This coverage is valid and only applies to "covered incidents" occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **OTHER INSURANCE**

If at any time a claim is made under this policy for a "covered incident", and there is other insurance applicable, "we" will pay "our" share of the benefits for covered expenses. "Our" share is the proportion that the "Covered Incident Limit" bears to the total benefits available under all applicable insurance.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by the “insurer” during the “policy period” by written notice to “you” for reasons allowable by applicable state law, and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law.

### **Misrepresentation**

The policy shall be terminable if “you” have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to “you”, with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

### **Termination by “Insured”**

You (the “insured” policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to “us”.

## **TRANSFER OF POLICY**

This policy, while issued to “you”, provides coverage only with respect to the specific pet (“your pet”) designated and described in the “application” for this policy. If ownership of “your pet” is transferred to another person during the “policy period”, continued coverage for “your pet” is subject to a new “application” and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

This policy will not pay for costs “you” incur for:

1. Injury or illness contracted, manifested or incurred prior to the policy effective date, unless such injury or illness has been cured and there has not been a recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed “veterinarian” must be submitted to “us” for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).
6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the veterinarian's premises or hospital.

10. Illness or injury which arises out of racing, coursing, commercial guarding or organized fighting of "your pet".
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with "us".
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

### **EXPANSION OF POLICY**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby coverage under this policy is expanded or broadened without any additional premium, this policy will be so expanded.

### **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services". All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with such "covered services".

### **DECLARATIONS**

By accepting this policy, "you" agree that all the statements made by "you" to "us" in the "application" and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements are the entire and only agreements between "you" and "us".



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**PET INSURANCE  
WARRANTYFIRST PLAN POLICY**

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**INSURING AGREEMENT**

The "insurer" agrees to reimburse the "insured" for "covered services" to the extent set forth in the policy. "We" will pay only for "covered services" rendered during the "policy period". Benefits are payable subject to any and all policy exclusions and conditions.

As various provisions in this policy restrict coverage, please read the entire policy carefully to determine "your" rights and what is and is not covered.

Words and phrases in quotations have special meaning and are defined in the Definitions provision below.

**DEFINITIONS**

"Aggregate Limit" shall mean the maximum amount "we" will pay for all covered incidents as shown on the Declarations Page of this policy.

"Application" shall mean "your statements and representations to us provided by "you" in the enrollment process in response to "our" standard questions and data requests to "you" as comprising part of the enrollment process, whether such enrollment is done over the telephone, on paper, or via the Internet.

"Covered incident" shall mean an occurrence wherein "you" (the "insured") had to make payment for a "covered service" under this policy.

"Covered Incident Limit" shall mean the maximum amount that "we" will pay per "covered incident", as shown on the Declarations Page of this policy.

"Covered service" shall mean expenses incurred from necessary veterinary medical service provided to or arising from accidental injury or illness affecting "your pet".

"Document of insurance" shall mean any document issued to "you" by "us" in connection with this policy naming "you" as the "insured", specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or "policy period". The term shall include the Declarations Page of this policy.

"Insured" shall mean the person(s), partnership, corporation or organization specified in the schedule.  
"Insurer" shall mean the insurance carrier.

"Policy period" shall mean 30 days from the date and time the pet is purchased or adopted and is enrolled in coverage under this policy

"Pre-existing condition" shall mean any illness, condition requiring medical treatment, or injury affecting "your pet" occurring or manifesting prior to the inception date of this policy.

"Reasonable & Customary" shall refer to published industry guidelines, such as the American Animal Hospital Association's fee reference guide for "veterinarians".

"Veterinarian" shall mean a properly licensed veterinarian.

"Veterinary services" shall mean services rendered by a licensed "veterinarian".

"We", "our", or "us" shall mean the insurer.

"You" or "your" shall mean insured policyholder.

"Your pet" shall mean only the pet specified and described by "you" in the "application" for this policy and other "documents of insurance" pertaining to this policy.

## **EFFECTIVE DATE**

"Your" coverage begins at 12:01a.m. following the date the pet is purchased or adopted and enrolled in coverage.

## **BENEFIT PROVISIONS**

During the "policy period", "we" will pay 100% of "reasonable and customary" "covered services" per "covered incident" claim, subject to the "Covered Incident Limit", the "Aggregate Limit", and "your" payment of any deductible.

Coverage is with respect to any pet which "you" have adopted or purchased from a non-profit animal agency such as a humane society, society of prevention of cruelty to animals, animal control, pet specialty store or any other person or entity that is engaged in selling or providing pets for adoption.

Within the policy terms, benefits are paid for "covered incidents" as defined in the section of this policy entitled, "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet".

## **DEDUCTIBLE**

A deductible shall apply to each "covered incident" during the "policy period", as shown on the Declarations Page.

## **GENERAL CONDITIONS APPLICABLE**

Payments for "covered services" are limited to the "Covered Incident Limit" and the "Aggregate Limit" as shown on the Declarations Page.

The adopter/purchaser must have a valid policy number issued to the pet's owner or no coverage is applicable or available.

Leukemia insurance for cats may be made effective after "you" provide documentation of a negative FeLV test and proper vaccination.

Expenses arising from "pre-existing conditions" are not covered by this policy. In the original "application" for this insurance, "you" have either represented that "your pet" as specified and described in the "application" and/or Declaration Page was in good health and free of illness or injury as of the effective date of the policy, or "you" have disclosed a specific "pre-existing condition" or conditions and by accepting this policy have affirmed your understanding that any expenses from treatment of such "pre-existing condition(s)" shall not be covered under this policy.

## **Electronic Delivery**

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to "you" by electronic mail via the internet, at "our" option. If "you" choose not to accept electronic delivery of this policy, "you" must immediately notify "us" and arrange for the policy to be mailed or otherwise delivered.

## **TERRITORY**

This coverage is valid and only applies to "covered incidents" occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

## **TERMINATION OF INSURANCE**

### **General**

This policy may be terminated by the "insurer" during the "policy period" by written notice to "you" for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium.

### **Misrepresentation**

The policy shall be terminable if "you" have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof, or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to "you", with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.

### **Termination by "Insured"**

"You" (the "Insured" policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to "us".

## **TRANSFER OF POLICY**

This policy, while issued to and held by "you", provides coverage only with respect to the specific pet ("your pet") designated and described in the "application" for this policy. If ownership of "your pet" is transferred to another person during the "policy period", continued coverage for "your pet" is subject to a new "application" and to applicable underwriting rules.

## **EXCLUSIONS AND LIMITATIONS**

This policy will not pay for costs "you" incur for:

1. Injury or illness manifested prior to the policy effective date, unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment. Support documentation from a licensed "veterinarian" must be submitted to "us" for consideration of removal of any medical exclusion.
2. Elective procedures, cosmetic surgeries, including but not limited to tail docking, dewclaws, skin folds, nail trims, and cropping of ears.
3. Expression or removal of anal glands or anal sacculitis.
4. Breeding or conditions related to breeding.
5. Special diets, pet foods, vitamins, mineral supplements, grooming costs and bathing (including medicated baths).



6. Treatment of external parasites such as fleas, lice and ticks and preventable internal parasites such as heartworms, hookworms, roundworms, tapeworms and whipworms.
7. Orthodontics, endodontics and removal of deciduous teeth.
8. Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
9. Time and travel expenses to the "veterinarian's" premises or hospital.
10. Illness or injury, which arises out of racing, coursing, commercial guarding or organized fighting of "your pet".
11. Congenital or hereditary defects or diseases.
12. Continuous coverage of chronic and long-term conditions that manifested in a previous Pet Insurance Policy with "us".
13. Behavioral problems, training or therapy.
14. Routine examinations, routine tests or screens, vaccines, teeth cleaning or polishing.
15. Preventive treatments and diagnostics for, or conditions relating to, preventable parasites, including heartworms.
16. Spaying/Neutering.
17. Diagnosis, medical management, or surgical correction of anterior cruciate ligament (ACL) or cranial cruciate ligament (CCL) damage or rupture, unless this policy is a renewal of a Pet Insurance Policy issued by "us".
18. Diagnosis, medical management, or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with "you") during the first six (6) months of the "policy period".

This policy will not provide payment for expenses related to accidental injury to or illness of "your pet" caused directly or indirectly by: 1. An enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. nuclear radioactive contamination.

## **EXPANSION OF POLICY**

If "we" make changes to the policy form, the provisions, exclusions and limitations, conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

## **LOSS CONDITIONS & "INSURED'S" DUTIES**

In cases of illness and/or accident giving rise to a claim under this policy, "you" agree to obtain or release all medical records to support claims upon request; furthermore, "you" authorize "us" to obtain all records to support the claim. Upon request "you" will provide "us" with proof of identity of "your pet" as "we" may require.

A loss is payable within 60 days after "we" receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for "covered services".

All claims must be submitted in writing within 90 days of the treatment date or date of the receipt furnished to "you" in connection with such "covered services".

## **DECLARATIONS**

By accepting this policy, "you" agree that all the statements made by "you" to "us" in the "application" and/or enrollment process, and any related declarations or representations by "you" are true and that "you" have not withheld any information regarding "pre-existing condition(s)" or any other material facts. "You" affirm that the policy and the endorsements are the entire and only agreements between "you" and "us".

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**HEREDITARY/CHRONIC/CONGENITAL 25% AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy.

The section of the Policy entitled **DEFINITIONS** is hereby amended by adding the definition of "Genetically Transmitted Diseases" as follows:

"Genetically Transmitted Diseases" shall mean diseases that "your pet" has inherited directly through breeding and include conditions such as hip dysplasia.

The section of the Policy entitled **BENEFIT PROVISIONS** is hereby amended by adding the following to the end of the first paragraph:

In addition, during each "policy period", "we" will pay 25% maximum of the Plan's "covered incident limit" as applied to the amount remaining subsequent to payment of the applicable deductible for "Genetically Transmitted Diseases" and chronic conditions.

The section of the Policy entitled **GENERAL CONDITIONS** is hereby amended by adding the following to the end of the first paragraph:

Payments for Hereditary/Chronic/Congenital fees are limited to a maximum of 25% of the Plan's "covered incident limit" for each "policy period" if hereditary/chronic/congenital conditions were not apparent prior to the purchase of the policy.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting items 11 and 12.

**All other terms and conditions of the policy remain the same.**

[AU-Signature]

Authorized Representative Signature

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**ROUTINE 100 COVERAGE AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy

The section of the Policy entitled **DEFINITIONS** is hereby amended by deleting the previous definition of "Covered Service" and replacing it with the following:

"Covered Service" shall mean expenses incurred from necessary veterinary medical expenses provided to your pet, arising from accidental injury, specified routine care, and supplemental coverages to the extent of coverage which is set forth in the Policy.

The section of the Policy entitled **BENEFIT PROVISIONS** is hereby amended by deleting the section in its entirety and replacing it with the following:

During each policy period, we will pay 90% of reasonable and customary expenses per a covered accident or illness expense claim, as applied to the amount remaining subsequent to payment of the applicable deductible. We will also pay up to the annual benefit allowance for the routine veterinary services and routine prescription medications listed in the attached Routine Care Benefit Allowance.

The full amount after deductible payment, inclusive of any amount in excess of the per incident limit, will be considered in computing the benefits payable. Benefit payments are also subject to the terms, conditions and general exclusions set forth in any endorsements to this Policy.

Benefits are paid for covered expenses as defined in this Policy and set forth in the section of the Policy entitled "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting your pet, boarding kennel fees or advertising and reward.

The section of the Policy entitled **DEDUCTIBLE** is hereby amended by deleting the section in its entirety and replacing it with the following:

A \$50.00 deductible shall apply for each covered accident or illness expense during the policy term. There is no deductible for supplemental coverages as set forth in the Policy, or for benefits listed in the Routine Care Benefit Allowance.

The section of the Policy entitled **GENERAL CONDITIONS** is hereby amended by adding the following to the end of the first paragraph:

The annual limits for routine care coverage and covered routine prescription medication are as listed in the annual benefit allowance column of the Routine Care Benefit Allowance.

The section of the Policy entitled EXCLUSIONS is hereby amended by deleting items 14 through 16.

The section of the Policy entitled EXCLUSIONS is hereby amended by deleting item 13 and replacing it with the following:

13. Behavioral problems.

**All other terms and conditions of the Policy remain the same.**

[AU-Signature]

Authorized Representative Signature

#### Routine Care Benefit Allowance

| Procedure   | Annual Benefit |
|---|----------------|
| Veterinarian Exam   | \$15           |
| Includes comprehensive physical exam and professional consultation  |                |
| Vaccinations  | \$25           |
| Canines: DHL-P, Parvovirus, Rabies, Bordetella, Lyme Disease,<br>Corona Virus Felines: FVRCP, FeLV, FIP, Rabies |                |
| Preventative  | \$60           |
| Includes prescription flea control, heartworm preventative test and medication and microchip identification     |                |
| TOTAL ANNUAL BENEFIT ALLOWANCE  | \$100          |

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**PET INSURANCE**  
**ROUTINE 220 CARE COVERAGE AMENDATORY ENDORSEMENT**

Effective Date: [AA-Effective Date] Policy Number [P-Policy Number]

This endorsement modifies insurance provided under:

Pet Insurance [U-Plan] Plan Policy

The section of the policy entitled **DEFINITIONS** is hereby amended by deleting the definition of "Covered service" and replacing it with the following:

"Covered service" shall mean expenses incurred from necessary veterinary medical expenses provided to "your pet", arising from accidental injury, specified routine care, and supplemental coverages to the extent of coverage asset forth in the policy.

The section of the policy entitled **BENEFIT PROVISIONS** is hereby amended by deleting the section in its entirety and replacing it with the following:

**BENEFIT PROVISIONS**

During each "policy period", "we" will pay 90% of "reasonable and customary" expenses per "covered incident" claim, as applied to the amount remaining subsequent to payment of the applicable deductible. We also will pay up to the annual benefit allowance for the routine veterinary services and routine prescription medications listed in the **Routine Care Benefit Allowance** provided at the end of this endorsement.

The full amount after deductible payment, inclusive of any amount in excess of the "covered incident limit", will be considered in computing the benefits payable. Benefit payments also are subject to the terms, conditions and general exclusions and limitations set forth in any endorsements to this policy.

Benefits are paid for "covered incidents" as defined in this policy and set forth in the section of the Policy entitled "General Conditions" below, i.e. necessary veterinary medical services incurred for accidental injury or illness affecting "your pet", boarding kennel fees or advertising and reward.

The section of the policy entitled **DEDUCTIBLE** is hereby amended by deleting the section in its entirety and replacing it with the following:

**DEDUCTIBLE**

A \$50.00 deductible shall apply for each "covered incident" during the "policy period". There is no deductible for supplemental coverages as set forth in the policy or for benefits listed in the **Routine Care Benefit Allowance**.

The section of the policy entitled **GENERAL CONDITIONS** is hereby amended by adding the following to the end of the first paragraph:

The annual limits for routine care coverage and covered routine prescription medication are as listed in the Annual Benefit column of the **Routine Care Benefit Allowance**.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting items 14 through 16.

The section of the policy entitled **EXCLUSIONS AND LIMITATIONS** is hereby amended by deleting item 13. and replacing it with the following:

13. Behavioral problems.

#### **ROUTINE CARE BENEFIT ALLOWANCE**

| Procedure   | Annual Benefit |
|---|----------------|
| Veterinarian Exam   | \$20           |
| Includes comprehensive physical exam and professional consultation  |                |
| Vaccinations  | \$50           |
| Canines: DHL-P, Parvovirus, Rabies, Bordetella, Lyme Disease, Corona Virus<br>Felines: FVRCP, FeLV, FIP, Rabies                     |                |
| Preventative  | \$60           |
| Includes prescription flea control, heartworm preventative test and medication and microchip identification                         |                |
| Maintenance   | \$75           |
| Includes spay/neuter, teeth cleaning, comprehensive health screen (such as blood panel, urinalysis and EKG) and behavioral training |                |
| Screens   | \$15           |
| Includes fecal test and FeLV/FIV test   |                |
| TOTAL ANNUAL BENEFIT ALLOWANCE  | \$220          |

**All other terms and conditions of the policy remain the same.**

[AU-Signature]

Authorized Representative Signature



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ARKANSAS POLICY CANCELLATION AND NONRENEWAL ENDORSEMENT**

This endorsement contains Arkansas-specific language and amends the Policy to comply with the requirements of Arkansas law.

This endorsement modifies insurance provided under the following:

Pet Insurance [U-Plan, Policy #, Effective Date]

The **TERMINATION OF INSURANCE** Condition, subparagraph **General** is deleted and replaced with the following:

**GROUND FOR CANCELLATION**

"We" will not cancel "your" policy if it has been in effect for sixty (60) days or more or if it is a renewal, except for one or more of the following reasons:

- (1) Nonpayment of premium;
- (2) "Your" violation of any terms or conditions of the policy to "our" detriment;
- (3) The risk originally accepted has increased, and, if the increased risk had been present at the time the policy was originally issued, "we" would have declined to issue the policy or would have increased the premium originally charged;
- (4) "Your" concealment of a material fact in obtaining the policy;
- (5) Fraud or misrepresentation by "you" in the submission of a claim;
- (6) A determination by the Commissioner of Insurance that continuation of the policy would threaten "our" financial solvency; or
- (7) A determination by the Commissioner of Insurance that the continuation of the policy could place "us" in violation of the insurance laws of this state.

**NOTICE OF CANCELLATION**

If "we" cancel "your" policy, "we" will give you forty-five (45) days' written notice except "we" will give you ten (10) days' written notice where the reason for cancellation is nonpayment of premium.

**REFUND OF PREMIUM UPON CANCELLATION**

If "we" cancel "your" policy, any unearned premium shall be returned to "you" on a pro-rata basis unless stated otherwise in the policy form.



### **NOTICE OF RENEWAL OR NONRENEWAL**

At least forty-five (45) days before the end of the policy term, "we" shall mail or deliver to "you" at "your" last known address a renewal policy, an offer to renew the current policy or a notice of nonrenewal. Such information shall also be mailed, delivered or transmitted electronically to the producer of record's last known address.

The notice of nonrenewal shall clearly state the specific reason or reasons for the nonrenewal.

An offer to renew the policy shall state the renewal premium and the date the premium is due. The renewal premium shall be based on the known exposure as of the date of the offer to renew. The premium on the renewal policy may be subsequently amended to reflect any change in exposure not considered in the offer to renew. If the renewal premium is not received by the due date or the policy expiration date, whichever is later, the policy shall lapse.

If "we" fail to comply with the notice requirements of this section, "your" policy shall be extended on the same terms and conditions for another policy term or until the effective date of similar insurance procured by "you", whichever is earlier. Continued coverage shall be contingent upon the payment of premium.

Renewal of "your" policy does not constitute a waiver or estoppel with respect to grounds for cancellation that existed before the effective date of the renewal.

### **IMMUNITY**

For a communication giving notice of or specifying the reasons for a termination or for any statement made in connection with an attempt to discover or verify the existence of conditions that would be a reason for a termination, there shall be no liability on the part of and no cause of action shall arise against:

- (1) "Us" or "our" authorized representatives, producers or employees;
- (2) A licensed insurance producer or broker; or
- (3) A person furnishing information to "us" as to reasons for a termination or declination.

This section shall not apply to statements made in other than good faith.

### **PROOF OF MAILING**

The following constitute proof of mailing of a notice of cancellation or nonrenewal:

- (1) A United States Certificate of Mailing for the notice mailed;
- (2) A United States Postal Service certified mailing receipt, signed by or on behalf of "you".
- (3) Evidence of receipt by or on behalf of "you" from a reputable mail delivery service.

All other terms and conditions of this policy shall remain unchanged.